

## Provincial Violence Prevention Curriculum Facilitator Training Confirmation of Organizational Support

Organization name: \_\_\_\_\_

Our organization recognizes the value of participating in Serevention Curriculum (PVPC) Facilitator Training, as it we strategy for violence prevention and reduce the impact of retraining and employee shortages.	ill allow us to implement a comprehensive
Our organization commits to participating in all the requine Facilitator Training, including:	red steps towards completing the PVPC
<ul> <li>Providing time and support for staff to attend PVPC set</li> <li>Planning follow-up mentorship sessions within 6 weel</li> <li>Supporting ongoing violence prevention training with</li> <li>Ensuring maintenance of our PVPC Facilitators' certifications of continuing education hours every 2 years.</li> <li>Facilitating a minimum of 4, 8-hour worksho</li> <li>Taking part in online training or other professions person), up to a maximum of 4 hours</li> <li>Delivering peer-to-peer coaching, safety huddon other types of workplace violence preventions.</li> </ul>	ks of the initial PVPC Facilitator Training in our organization feations by allowing them to complete 40 These activities include:  ps onal development (including online or influes and new employee orientation, or training or PVPC Facilitators in their efforts to
provide training on workplace violence at our organization	
Please accept this letter of organizational support to parti Curriculum Facilitator Training program.	icipate in the Provincial Violence
Sincerely,	
Director/Administrator Print	Director/Administrator Signature

Please fill in this form and send a scanned copy back to <a href="mailto:training@safecarebc.ca">training@safecarebc.ca</a> within 24 hours of program application submissions.