

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

Organization:

Our organization recognizes the value of participating in SafeCare B Peer Facilitator Training, as it will allow us to implement a comprehe prevention and reduce the impact of violence-related injuries, include shortages.	ensive strategy for violence
Our organization commits to participating in all the required steps to Violence Prevention Curriculum Peer Facilitator Training, including:	owards completing the Provincial
<ul> <li>Providing time and support for staff to attend Provincial Violence</li> <li>Arranging follow-up mentorship sessions within 6 weeks following Prevention Curriculum Peer Facilitator Training</li> <li>Supporting ongoing training in violence prevention within our or Supporting the Peer Facilitators to maintain certification throug continuing education over 2 years. The hours can be accumulated A minimum of 2 workshops in the first year and 2 works</li> <li>A minimum of all curriculum edition updates and refressional Peer-to-peer coaching, safety huddles and new employee workplace violence prevention training</li> <li>Professional development (online or in-person) as approved</li> </ul>	rganization h completion of 40 hours of ted in the following ways: hops in the second year her training (if applicable) orientations, or other types of
provide training on workplace violence at our organization.  Please accept this letter of organizational support to participate in the Curriculum Peer Facilitator Training program.	ne Provincial Violence Prevention
Sincerely,	
Director/Administrator Print	Director/Administrator Signature
Date:	

Please fill in this form and send a scanned copy back to <u>training@safecarebc.ca</u> within 3 business days of program application submissions.