

Pathways Family Services

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ADDITIONAL TRAINING OPPORTUNITIES DOCUMENT

The document is intended to verify any relevant training/ experiences/ education that a foster parent/ staff has participated in during a given year. Foster parents/ staff are required to participate in on-going yearly training, including 8 hours of aboriginal training.

DATE: _____

TOPIC/ MATERIAL: _____ (i.e. Aboriginal, FAS etc)

LENGTH OF EVENT: _____ (Number of Hours)

AGENCY PROVIDING TRAINING: _____ (Presenter)

_____ (Agency Name)

_____ (Address)

FOSTER PARENT/
STAFF: _____ (Name)

Signature of Foster Parent/ Staff

Signature of Presenter

Date