Access Ability LLC, as part of the **Region 1 DD Training Co-Op**, presents:

Care for Yourself and Become a Better Caregiver

Instructor: **Julie Harrison, MAAPT, B.S. in Human Development**

Date: **Thursday, March 28th, 2019**

Time: **11 am to 1 pm** (please arrive 10 minutes early to find a seat)

Please bring your lunch if you'd like, we'll provide coffee and tea.

Class Location: Community Room, East Precinct Portland Police Bureau, 737 SE 106th Portland, OR 97216
NOTE: Parking is available in the lot across the street.

Cost: $25/person at Co-Op member rate*

* *Member agency affiliates/staff, DD foster providers & family members of people case managed by Multnomah, Clackamas, Washington, Clatsop or Columbia County DD may pay member rates. Rate DOUBLES to $50 if no Co-Op Member/agency affiliation.*

Course Description: **Using a synthesis of three different psychological models of human needs the goals of this 2-hour workshop is that each participant leaves embracing the understanding that making time for our own self-care will, in turn, improve the lives of the people we care for, and for everyone to leave class with a personal plan of concrete steps to becoming a happier and more effective caregiver. The class will include lecture, time for individual questions and reflection, and small and large group discussion and brainstorming.**

This class is approved for 2 hours of AFH training credit.

Please send registration and payment by March 15th, 2019.

Questions? Contact Jane at: jane.rake@gmail.com

Co-Op info: *All classes are self-funded & rely on advance registration. If class is cancelled by host agency or instructor, all registrants will be notified and refunds issued. Cancellation by student for refund must be made at least 10 working days before class. Refunds will not be made for no-shows or cancellation without 10 days advance notice.*

REGISTRATION & PAYMENT FORM:

Care for Yourself and Become a Better Caregiver **11 am to 1 pm, March 28, 2019**

PLEASE PRINT CLEARLY:

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Registrant Name(s) Phone Number E-mail (**required**)

_____

Agency/Provider Mailing address City State/ZIP

Training Co-Op member? Y / N (Fee DOUBLES for non-members*) Amount Enclosed $ _____

Please mail this registration form and check or money order **payable to Access Ability, LLC** to:

Access Ability, 3142 NE 45th Avenue, Portland, OR 97213