 **Registration Form**

**IHS/Tribal/Urban Native American Cancer Support Leadership Training**

**July 20-22, 2018**

**LOCATION: Billings, MT**

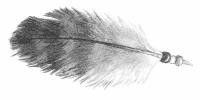
**Note: Your registration needs to be returned no later than June 29, 2018. Limited number of seats available, please submit application early to ensure a spot.**

|  |
| --- |
| Name: |
| Organization: |
| Address: |
| City: |
| State: Zip: |
| Phone: |
| Email: |

**Dietary Restrictions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vegetarian:**





**Travel Scholarship Request**

A limited number of full and partial travel scholarships are available on an as needed basis. Please select below if you will require a travel scholarship in order to attend.

Yes, please consider me for a travel scholarship. Please FAX or EMAIL completed registration to Richard Mousseau or Deanna Swan at: 605-721-1932 or [richard.mousseau@gpthb.org](mailto:richard.mousseau@gpthb.org) or [Deanna.swann@gptchb.org](mailto:Deanna.swann@gptchb.org). Please see attached Workshop and Travel Information.

**Contact Information**: **Richard Mousseau or Deanna Swan Great Plains Tribal Chairmen's Health Board | 2611 Elderberry Blvd | Rapid City, SD | 57703 | Office: 605-721-1922| Fax:  605-721-1932 | Email:** [**richard.mousseau@gptchb.org**](mailto:richard.mousseau@gptchb.org) **or deanna.swan@gptchb.org**

|  |  |
| --- | --- |
| **PLEASE MARK** | **OR ANSWER THE FOLLOWING QUESTIONS** |
| **Yes / No** | **Are you an American Indian or Alaska Native?**  **If yes, please list your tribe or tribal affiliation:** |
| **Yes / No** | **Are you a cancer survivor?** |
| **Yes / No** | **Have you had a family member or loved one diagnosed with cancer?** |
|  | **Please briefly describe your experience with cancer, either your own diagnosis or a loved one’s, and/or your experience working with those experiencing cancer:** |
| **Yes / No** | **Are there emotional support services available for cancer survivors and their families in your community?**  **If yes, please describe:** |
|  | **What experience have you had with support groups, any type?** |
|  | **How do you plan to use the training in your community?** |
| **Yes / No** | **Are you working for a tribal program or IHS?**  **If yes, please list the name of your employer and job title:** |
|  | **How did you hear of the training?** |

Workshop and Travel Information

**Workshop Objectives**

**Participants will:**

1. Recognize your inner strengths for addressing cancer survivorship in your communities
2. Gain skills for working with cancer survivorship in your communities
3. Give cancer support back to your community

**Trainer(s):**

Connie Garcia

Michele Suina

Debra Openden

**Registration**

1. **Registration Fee:** There is no registration fee for this workshop. Sponsored by: Great Plains Tribal Chairmen’s Health Board, IHS-Division of Epidemiology
2. **Travel costs:** Travel Scholarships are available. First preference is given in the following order to: Native Americans who are cancer survivors, those who have a family member who has experienced cancer, community members; those whose jobs are related and are either Native or non-Native. Travel scholarships will include, travel cost to and from the workshop, hotel, per diem for meals not covered during the workshop.
3. **Hotel reservations:** A block of rooms will be reserved at: *Homewood Suites Uptown*, the room reservations will be taken care of by Richard Mousseau. You will need to present a credit card upon check in for incidentals but will not be charged for the stay.
4. **Meals provided at the workshop:**   
   Breakfast, lunch, and snacks provided each day of training. Dinner will be on your own.
5. **Dietary Restrictions:**

Please notify us of any dietary restrictions you may have on the registration form. This will allow us to provide the best options possible for you.

Special Note: Seating for this event is limited.  *Complete and return your registration by April 6th, 2018. Please complete the attached “Dear Community Member” survey and return it with your registration.* Dear Community Member,

You will soon participate in the IHS/Tribal/Urban’s *Cancer Support Leadership Training.* Please review the following list of training components, and check the appropriate box that reflects your individual level of skill or knowledge.

**BUILDING RELATIONSHPS: Creating a sense of place and acceptance for all**

|  |  |  |  |
| --- | --- | --- | --- |
| Highly skilled or knowledgeable | Moderately skilled or knowledgeable | Minimally skilled or knowledgeable | Training Components |
|  |  |  | Identify Native core values |
|  |  |  | Create a safe place for participants |
|  |  |  | Establish ground rules and norms |
|  |  |  | Use games and activities to build trust and teamwork |
| Comments: | | | |

**BUILDING SKILLS: Affirming individual and community empowerment**

|  |  |  |  |
| --- | --- | --- | --- |
| Highly skilled or knowledgeable | Moderately skilled or knowledgeable | Minimally skilled or knowledgeable | Training Components |
|  |  |  | Meaning of the word “cancer”. |
|  |  |  | The process in which cancer spreads. |
|  |  |  | How cancer is diagnosed and how the stage is determined. |
|  |  |  | Common cancer treatments and their possible side effects. |
| Comments: | | | |

**WORKING TOGETHER: Motivating individuals, families and communities to take action**

|  |  |  |  |
| --- | --- | --- | --- |
| Highly skilled or knowledgeable | Moderately skilled or knowledgeable | Minimally skilled or knowledgeable | Training Component |
|  |  |  | Identify key elements of peer emotional support |
|  |  |  | Practice active listening |
|  |  |  | Interpret non-verbal cues/body language |
|  |  |  | Coordinate/organize community cancer support |
|  |  |  | Facilitate Native support groups |
| Comments: | | | |

**GIVING BACK: Knowledge and teachings are shared with future generations by teachers and elders**

|  |  |  |  |
| --- | --- | --- | --- |
| Highly skilled or knowledgeable | Moderately skilled or knowledgeable | Minimally skilled or knowledgeable | Training Component |
|  |  |  | Identify factors that promote individual and community commitment |
|  |  |  | Facilitate group activities designed to support individual and community wellness |
| Comments: | | | |

Thank you for your completing this survey. We value your responses.

**The IHS/Tribal/Urban Cancer Support Training Team**