

TRAUMA-INFORMED TEACHER TRAINING

EXPRESSION OF INTEREST (EOI)

1. PERSONAL DETAILS

Full Name

Email

Phone

Location (Suburb, State)

2. CURRENT SUPPORT TEAM

GP Name

Psychologist / Psychiatrist (if applicable)

3. SCREENING (Yes/No)

Active addiction currently?

☐ Yes ☐ No

Current domestic/family violence?

☐ Yes ☐ No

Suicidality in the past 6 months?

☐ Yes ☐ No

Psychosis or mania in the last 12 months?

☐ Yes ☐ No

(Applicants answering “Yes” to any item may be unsuitable at this time.)

4. BRIEF BACKGROUND

Relevant training, profession, or personal experience

☐☐

Why you’re interested in trauma-informed teacher training

☐☐

Current supports or practices that help you regulate

☐☐

5. DECLARATION

I confirm the information provided is true and understand this EOI does not guarantee acceptance.

Name: [_____]

Date: [_____]