



## **Dr. Jay Children's Grief Centre IN-SERVICE TOPICS AVAILABLE**

- Supporting Grieving Children and Youth
- Supporting Grieving Students in Schools
- Resiliency and Grief
- Preparation and Inclusion of Children in Hospital Visits
- Parenting a Grieving Child
- For healthcare professionals - Communication with Families about Death
- Creative Expression for Grieving Adults and Children
- Creative Activities for Grieving Children
- Communication with Dying Children
- Communication with Children about Death
- Child Development and Concepts of Death
- Being Present in Palliative Care

### **FEE SCHEDULE**

The Dr. Jay Children's Grief Center relies solely on donations and all proceeds from the seminars delivered by our staff directly support the clinical services we offer to families.

Hourly Rate	\$300.00
Half-day teaching session (2.5 hrs.)	\$600.00
Consultation Rate for team meetings	\$150.00/hour
Plenary Session Rate	\$500.00 per hour

\*Travel, printed materials and other associated expenses should be remunerated.

Requests for longer teaching sessions, tailored workshops and consideration for subsidized fees should be indicated in the "Additional Information" section of the Request for Teaching form. These requests and related fees will be determined individually.

An invoice for services will be provided. Cheques can be made payable to the Dr. Jay Children's Grief Centre.

# DR. JAY CHILDREN'S GRIEF CENTRE REQUEST FOR TEACHING

Fax this form to 1-855-425-8518

Date of Request:

## ORGANIZATION

Name :	Type :
Contact Person:	Phone Number :
E-mail:	

## EVENT

Name / Title:	Proposed Date/s:	Time:
Location/Address:		
Description of Event:		

## PARTICIPANTS

Description: <input type="checkbox"/> Counsellor/Therapists <input type="checkbox"/> Nurses <input type="checkbox"/> Physicians <input type="checkbox"/> Social Workers <input type="checkbox"/> Teachers <input type="checkbox"/> Grief/Bereavement Workers	<input type="checkbox"/> Spiritual Care <input type="checkbox"/> Students <input type="checkbox"/> Patients <input type="checkbox"/> Volunteers <input type="checkbox"/> Other (please describe)
Number of Participants Expected :	

Has the Dr. Jay Children's Grief Centre presented to your organization in the past?  Yes  No  Don't Know

If yes, when : \_\_\_\_\_

Additional Information/ What are your learning objectives?

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