



Gender Identity, Trans and Gender Variance Awareness Training for Service Providers
(Limited to 20 participants)

Date: Thursday, September 23, 2010

Time: 9:00 am - 4:00 pm (FULL DAY)

Location: Klinik, 870 Portage Avenue

The Rainbow Resource Centre is offering a full day training session for service providers that will provide information, education, and awareness on gender identity as it pertains to transgender, transsexual, intersex, and gender variant individuals and their families.

As more people are disclosing their “authentic or true” gender identity, this session will provide information on the following:

- Gender identity development throughout the lifespan
- Appropriate language, and supportive and affirming communication
- Identifying gender biases in the workplace
- Issues, barriers and concerns of trans and intersex individuals
- The transition process in Manitoba
- Transgender health
- How to become a more supportive and affirming practitioner
- How your organization can be more supportive and affirming to gender variant individuals and their families

The method of instruction will comprise of lecture, personal reflection and group discussion.

Trainers:

Reece Malone, DHS (c.), Education Program Coordinator

Katie Owen, Counsellor, Counselling Program Coordinator

Registration:

Early registration - \$65, \$35 (student)

Deadline – September 3, 2010

Regular fees - \$80, \$50 (student)

Lunch will be served.

For more information, please contact Reece Malone at education@rainbowresourcecentre.org or call 204.284.5590.

REGISTRATION FORM

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Please note: Registration cancelled 1 week or more days prior to the training session is fully refundable. Less than 1 week is subject to a \$15 administration fee. If at anytime you are unable to attend, you may transfer your registration to another individual. Please contact us should this be the case.

Name: _____ Job title: _____

Organization: _____ Address: _____

City/Province/Postal code: _____

Phone: _____ Email: _____

Dietary Restrictions: Yes ____ No ____ If yes, please indicate: _____

PAYMENT OPTIONS

Please make your cheque payable to: The **Rainbow Resource Centre**.

Credit Card Number: _____ Expiration: _____

Name on Card: _____ Type: Visa ____ Master Card ____

Would you like to receive an invoice: Yes ____ No ____

If yes, invoice to: _____

Receipts will be mailed upon receipt of payment.

Your registration will be confirmed upon receipt of payment.

Do you wish to be added to our contact list for:

- Upcoming events? Yes ____ No ____
- Upcoming training sessions? Yes ____ No ____

Via (please check): Email ____ Mail ____

Either email registration to education@rainbowresourcecentre.org, fax to 204.478.1160, or mail to: Rainbow Resource Centre, 170 Scott Street, Winnipeg, Manitoba, R3L 0L3, Attention: Reece Malone.