

## Supervisor Approval Form

### Photovoice Facilitation 101 Training Opportunity

Ohio University's Voinovich School of Leadership and Public Service, with support from the Ohio Department of Mental Health and Addiction Services, PreventionFIRST!, and Prevention Action Alliance, are collaborating with Photovoice Worldwide to offer Photovoice Facilitation 101 training to the Ohio Adult Allies network. Photovoice is an innovative method to connect, learn, create conversation, and share information about people and their communities to help identify areas of need and promote collaboration for change.

The Photovoice Facilitation 101 training consists of 3 virtual sessions, 2 hours each. Participants can choose between one of two sets of dates for the training, one set in May and one set in June. Through this learning opportunity, participants will learn how to utilize Photovoice in various contexts with safety and confidentiality in mind, support others from diverse groups in their Photovoice experience, and develop a Photovoice Facilitation Plan. Intersession assignments are estimated to take about an hour.

This training is brought to you by the Ohio Adult Allies Initiative. Photovoice Facilitation 101 training is valued at \$345 per person and is being delivered at no cost to you through funding from the Ohio Department of Mental Health and Addiction Services.

The training is open to prevention professionals, educators, and other allied health professionals, with preference given to those who serve youth. Space is limited.

**Participants are expected to attend all sessions as this opportunity is valued at \$345 per participant.** Upon successful completion of the training, participants will receive a Photovoice training certificate and are eligible for Prevention and CHES CEUs.

**\*\*Please review and complete the section below. This form must be submitted upon initial application.\*\***

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I \_\_\_\_\_ (*supervisor's name*) understand that organizational support is essential to the participant's \_\_\_\_\_ (*participant's name*) completion of the training. As such, our organization will support the participant through the following:

- Allow the participant to attend three, 2-hour training sessions during their selected time.
- Provide the participant with time to complete intersession assignments.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_