**The Infant Mental Health**

**Training Directory**

**(IMHTD)**

**The mission of AiMH UK** is to:

*‘promote understanding of why infant mental health (IMH) is important, and to support the continuing professional development of all practitioners, early years workers and educators working to improve outcomes for parents, babies and toddlers’*

Training and education is fundamental to continuing professional development and it is essential that all practitioners keep up-to-date with legislation, develop their skills and knowledge and reflect on their effectiveness in order to continue to improve.

**What is the AiMH UK IMHTD?**

The AIMH UK IMHTD highlights infant mental health training opportunities and learning experiences available from Training Providers, Universities & Colleges, and Freelance Trainers.

The IMHTD has been designed to make it easy for practitioners to find exactly the right infant mental health training for them to meet their Professional Development Plan (PDP) learning needs.

**Who can register on the IMHTD?**

Training providers whose training/educational provision has infant mental health content aimed at developing practitioner expertise in the field of infant mental health. These could be:

* UK Accredited Courses
* Non-Accredited Courses
* CPD Courses
* University / College Courses

**How can I register my Training/Course?**

Simply submit an application form with details of the training you offer.

**Is there a fee?**

There is an annual fee to have your training provision listed on the AiMH UK IMHTD. As this is a new provision, we are offering a special introductory fee of £75 for the first year.

**Please note:** Training provisions and learning experiences listed on the IMHTD have *not* been accredited by AiMH UK. All training providers are only asked to provide information of their IMH training provision and whether they have used the AiMH UK IMH Competency Framework (IMHCF) when developing the training.

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| **AiMH UK – Association of Infant Mental Health** |

**Application Form**

***for***

**The Infant Mental Health**

**Training Directory**

**(IMHTD)**

**A hand holding a baby

Description automatically generated**

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| **Please complete the application form and return to AiMH UK** |

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| **Applicant Details** | | | | |
| **Institution or**  **Organisation** |  | | | |
|  | | | | |
| **Course Convenor or Course Co-ordinator** | | | | |
| **Title** |  | **Date** |  | |
| **First Name** |  | **Surname** |  | |
| **Role** |  | | | |
| **Contact Email** |  | | | |
| **Contact Number** |  | | | |
| **Website**  **(if applicable)** |  | | | |
|  | | | | |
| **Other Contacts within your Institution / Organisation** | | | | |
| **Main Contact to be displayed on the IMHTD - *if different from above*** | | | | |
| **Title** |  | | | |
| **First Name** |  | **Surname** |  | |
| **Role** |  | | | |
| **Contact Email** |  | | | |
| **Contact Number** |  | | | |
|  | | | | |
| **Accounts Contact** | | | | |
| **First Name** |  | **Surname** | |  |
| **Role** |  | | | |
| **Contact Email** |  | | | |
| **Contact Number** |  | | | |
| **Invoice Address** |  | | | |
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| **Where/How did you hear about AiMH UK ?** | | | | |
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| **Did you use the AiMH UK IMH Competency Framework to develop this training provision ?** | | | | |
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| **Title of Course(s) / Training** | |
|  | |
| **Aims and Objectives for Educational Provision / Course** | |
|  | |
| **Learning Outcomes** | |
|  | |
| **Accreditation Status (from external organisations, if any)** | |
|  | |
| **Are there any pre-requisites for Participation (tick all that apply)** | |
|  | **Current and direct work with infants and toddlers** |
|  | **Current and direct dyadic work with parents and infants/ toddlers** |
|  | **Regulated Professional** |
|  | **Registered Practitioner** |
|  | **Relevant Qualification (e.g. Diploma in Childcare and Education; Psychotherapist; SCPHN-Health Visitor)** |
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| --- | --- | --- | --- |
| ***Please save this completed form and send to:*** | | | |
| ***Alison Bird*** | | **Email:** | [**admin@aimh.uk**](mailto:admin@aimh.uk) |
| *Administrator* | | | |
|  |  | | |
| ***For further information or guidance on completing this form, please contact:*** | | | |
| ***Orion Owen*** *(*PhD, RN, RM, SCPHN-HV) | | **Email:** | [**orion@aimh.uk**](mailto:orion@aimh.uk) |
| *Director of Education & CPD* | | | |