

# FOOD & NUTRITION SKILLS ENRICHMENT TRAINING



## PROGRAM HIGHLIGHTS

- ★ Importance of your role as a food service worker
- ★ Food presentation tips and tricks
- ★ Stress management
- ★ Healthy eating
- ★ Food safety
- ★ Communication skills
- ★ Nutrition therapy
- ★ Teamwork
- ★ Conflict management

## Benefits

Classes are designed to focus on your ability to provide better quality services for your residents while helping you, your co-workers and your supervisors recognize the vital role you play in providing these services.

- Free tuition and materials
- Paid training days—participants will have their regular wages paid for three (3) of the six (6) class sessions. The weeks you are not being paid to attend class, the day will be scheduled as a regular day off
- Travel reimbursement depending on the location of the facility

## Class Schedule

The Food and Nutrition Skills Enrichment Training is held one-day per week for six (6) weeks from 9:00 AM to 4:00 PM.

Administrators and union representatives will be notified when dates for classes are scheduled.



## FOR MORE INFORMATION:

Talk to your Program Specialist or contact Marcy Huey, Skills Enrichment Coordinator at [marcy@thetrainingfund.org](mailto:marcy@thetrainingfund.org)

# Food and Nutrition Skills Enrichment Course

## APPLICATION FORM

### INSTRUCTIONS:

1. Worker Completes Part One
2. Nursing Home Management Completes Part Two
3. Submit Application—Fax to 717-232-1923



### PART ONE: TO BE COMPLETED BY THE WORKER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Date of Hire (you must have been hired 3 months prior to the start of the class to be eligible): \_\_\_\_\_

Signature of Worker: \_\_\_\_\_

### PART TWO: TO BE COMPLETED BY EMPLOYER REPRESENTATIVE

I confirm that \_\_\_\_\_ is authorized to attend the Food and Nutrition Skills Enrichment Program and her/his schedule was adjusted to enable her/him to attend.

Signature & Title of Management Representative: \_\_\_\_\_

### PART THREE

**THIS FORM MUST BE SUBMITTED BY FAX TO: 717-232-1923**