



## February 2021 Faith Applied Peer Training Application Form

**Dates:** February 16 7:00 - 8:30 pm (important connection meeting)  
February 18/19 8:30 am - 5:00 pm each day  
February 25/26 8:30 am - 5:00 pm each day

**Price: \$525.00 (includes GST)**

Email completed application and e-transfer funds to: beth.henry.cps@gmail.com

***Please answer all the following questions with brief answers and legible handwriting:***

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

Home Address: \_\_\_\_\_  
Street City Province Postal Code

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**If another organization is assisting with your tuition, please complete the following fields:**

Church or Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

It is greatly advantageous if the peer, *prior to taking the course training*, has previous experience in overcoming their own mental health concerns. The peer may only have experienced mild or seasonal depression, anxiety, or grievous loss. Such experience does not have to be extensive, but enough to be able to say, 'I understand.' With this in mind, please briefly describe your mental health journey.

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**Please check any of the following apply to you:**

- It has been at least one year since I realized I had a mental health concern and started my recovery process.
- I graduated from a minimum of high school or hold a GED certificate.

**1. Why do you want to take this training?**

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**2. What makes you a good candidate to work with others with mental health concerns?**

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**3. What does recovery mean to you?**

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**4. Why is it important for Peer Supporters to be willing to tell their recovery stories?**

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**5. What will be a challenge for you in taking this training? How will you deal with this?**

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**6. Is there anything else you would like us to know in considering you for the Peer Support training?**

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Signature

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Name (printed)

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Date

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