



New March dates!

**WRAP Facilitator Training
Application Form**

The Krasman Centre with the support of the Central LHIN is providing Wellness Recovery Action Plan (WRAP) Facilitator training at no cost to Peer Support Workers who are involved in providing peer support services in mental health, substance use/addiction, crisis and other related services. A limited number of spaces are available to youth who wish to use this training to provide WRAP groups in their schools or other youth communities. Volunteer Peer Supporter Workers are welcome to apply.

If you want to do this training, please complete the following application and **return it to us as soon as possible. Application Deadlines are: Monday February 24, 2014 for the March training** and March 31, 2014 if you are only interested in the May training. If you need support to complete this form or are unable to complete the application in this format, please contact us at 905-780-0491 ext: 125 or Toll-Free 1-888-780-0724 to do this in an alternative format.

Training Information

Dates (5-day training: 9:00am-5:00pm daily)	Location	Can Attend (by preference: 1= first choice; only number if you can attend)
Monday March 10-Friday March 14, 2014	Newmarket, Ontario	
Monday May 26- Friday May 30th, 2014	Richmond Hill, Ontario	

Personal Information

Name: _____

Address: _____

Telephone number: _____

Business number: _____

Fax number: _____

Email address: _____

Qualifications and Statement of Interest

Requirement for Training	YES	NO	Comments/Additional Information
1. Are you a Consumer/Survivor of the mental health or addiction systems? (this means you are person with personal lived experience of mental health or substance use concerns)			
2. Have you completed a full WRAP series (usually an 8 or 9 week support group)? If yes, where and when?			
3. Are you currently working within the mental health and addiction system as a peer supporter?			
a) Are you employed as a peer supporter? If so, where and what is your job title?			
b) Are you a volunteer peer supporter? If so, where do you volunteer? How long have you been a volunteer?			
4. How did you hear about this training opportunity?			
5. Will your attendance at this workshop benefit your community or the people you support? How?			
6. What do you hope to do with the information from this training?			
7. Have you done WRAP level 2 facilitator training before? If so, please let us know when and whether you received your certification.			

Additional Information (Optional)

If there is any other information you believe we should know about your application, please include it here:

Please return your completed application form to The Krasman Centre WRAP Training by email to e.carvalho@krasmancentre.com or by fax: 905-780-1960

You will be notified by February 26, 2014 (or April 7th for later applications) of the committee's decision.

Thank you.