



## Peer Training Application Form September 27 – 30, 2021

Email completed application to: [beth.henry.cps@gmail.com](mailto:beth.henry.cps@gmail.com) .

E-transfer funds (total \$577,50 incl gst) to:

[restaresponder@gmail.com](mailto:restaresponder@gmail.com)

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

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

Preferred name or  
pronoun \_\_\_\_\_

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

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

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

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

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

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

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

**1. Please check which of the following apply to you:**

It has been at least one year since I started my recovery process.

I graduated from a minimum of high school or hold a GED certificate.

**2. What makes you a good candidate to work with other mental health consumers?**

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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 attending this training? How will you deal with this?**

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**Please note:** Registrants will still need to engage in the National Canadian Peer Supporter process to be considered a Nationally Certified Peer Support Worker.

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Signature

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Name (print)

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Date