



Spring 2019 Peer Support Worker Training Application Form

March 21, 22, 23, 24

Email completed application to: beth.henry.cps@gmail.com.

Price of \$400.00 plus tax (total-\$420.00)

Please mail tuition fees to:
Prairies to Peaks Consulting Inc,
10311 Sacramento Drive S.W.
Calgary, Alberta, T2W 0H7.
Thank you.

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

Personal Profile

Your Name: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____
Email Address: _____
Province: _____ City: _____ Postal Code: _____

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

Agency Name: _____

Contact _____

Name: _____ Phone: _____

Email address: _____

Province: _____ City: _____ Postal Code: _____

Please list any food or environmental allergies that we should be aware of during this training.

I understand that Peer Support Workers come from the perspective of their lived experience with mental health concerns and recovery. I agree to be open in class discussions about the fact that I have experienced a mental health concern. As such, please briefly describe your personal mental health concern.

Please check which of the following apply to you:

It has been at least one year since I was diagnosed with a mental health concern and started my recovery process

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

1. Why do you want to take this training?

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

3. What does recovery mean to you?

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

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

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

I understand that after passing the exam attached with this course I will still need to engage in the National Canadian CPS process in order to be considered a *Canadian* Certified Peer Support Worker.

_____	_____	_____
Signature	Name (print)	Date

Thank you for your interest in Peer Support training!

Warmest Regards,

Beth Henry
