

Forensic Peer Support Training – Application Form

September 9 – 11, 2019

Kiva Center, 209 Shrewsbury St, Worcester, MA

Name :

Email :

Agency

Cell :

Phone:

Are you a CPS? ☐ Yes ☐ No

Are you a Recovery Coach? ☐ Yes ☐ No

Have you had involvement with the criminal justice system? ☐ Yes ☐ No

Are you a CPS or Recovery Coach who is currently working with individuals involved with this system? ☐ Yes ☐ No

If you answered yes, describe the work you do:

Have you and your supervisor discussed how you will integrate this training in your current peer support role? ☐ Yes ☐ No

If you answered yes, please elaborate.

Do you have your supervisors' permission to participate in follow up meetings?

☐ Yes ☐ No

Applicant Signature _____

Supervisor Signature _____

Information and Details

- Trainers from the PA Mental Health Consumers Association will facilitate this training.
- Participants will be expected to attend at least two follow-up meetings after this training – one at three months and another at six months.
- Breakfast and lunch will be provided on all three days of the training.
- Applications must be completed by **August 1, 2019**. Only electronically submitted applications will be accepted and processed.

Email your application to:

robert.walker@massmail.state.ma.us