

**Mental Health America of Virginia  
Intentional Peer Support Core Training  
Application**



**Intentional Peer Support Core Training  
March 11-15, 2019 | 9:00 AM - 5:00 PM Daily  
Richmond**

Intentional Peer Support Core Training is a 5-day introduction to an innovative framework and is designed to have you practicing right away. This is for anyone interested in mutual support and has been widely used as a foundation training for people working in both traditional and alternative mental health settings.

**Application Requirements**

***Please note that your application will be considered incomplete if all required documentation is not received by the application deadlines.***

1. Complete self-assessment and background questions
2. Proof of Virginia residency and attest to financial need (*for scholarship applicants*)
3. Two references that can attest to the applicant's individual recovery and qualities in a group dynamic

**Full Tuition \$600 | Partial Scholarship: \$300**

Send your completed application by email to: [info@mhav.org](mailto:info@mhav.org), by fax to (804) 447-7786 or mail to: MHAV 2008 Bremond Rd, Suite 101 Richmond, VA 23226

**Application Checklist**

**Completed Application Deadline:** *January 15, 2019*

- Include reference contact information and completed answers to questions

**Supporting Documents Deadline:** *February 1, 2019*

- Proof of Virginia Residency
- Completed Reference Questionnaires (Applicant is responsible for ensuring questionnaires are returned promptly to MHAV)

**Cancellation Deadline:** *February 25, 2019*

- Contact MHAV to confirm or cancel attendance

**How did you hear about us?**

- |  |  |
|--|--|
| <input type="checkbox"/> Website         | <input type="checkbox"/> Word of Mouth           |
| <input type="checkbox"/> E-newsletter    | <input type="checkbox"/> Community Service Board |
| <input type="checkbox"/> Facebook        | <input type="checkbox"/> Search Engine           |
| <input type="checkbox"/> Flyer/ Brochure | <input type="checkbox"/> Other                   |

## Personal Information

|  |  |           |
|--|--|-----------|
| First Name:  | Last Name:   |           |
| Street Address:  |  |           |
| City:  | State:   | Zip Code: |
| Home Phone:  | Mobile Phone:  |           |
| Email:   | Preferred Method of Contact:   |           |
| Emergency Contact Name:  | Emergency Contact Phone:   |           |
| Have you attended a MHAV training in the past? If so, which one(s) and when?               |  |           |
| Are you a Certified Peer Recovery Specialist?  |  |           |
| Do you have a service animal or emotional support animal?                                  | <input type="checkbox"/> Yes, I have a service animal<br><input type="checkbox"/> Yes, I have an emotional support animal<br><input type="checkbox"/> No, I do not have either   |           |
| Please let us know about any physical limitations, dietary restrictions, and/or allergies. |  |           |
| Application Completion:  | <input type="checkbox"/> I completed this application myself<br><input type="checkbox"/> Someone assisted me in completing this application<br><input type="checkbox"/> Someone else completed this application for me |           |

## References

Please provide name and email for 2 people who can attest to your individual recovery and wellness as well as your qualities in a group dynamic. We will contact them directly with a short questionnaire for them to complete. *Only 1 reference may be a family member.*

It is the applicant's responsibility to ensure that questionnaires are returned to MHAV in a timely manner. Both references must be received by MHAV at least 21 days prior to training start date in order to be considered for attendance and scholarship.

|                       |                         |                               |
|-----------------------|-------------------------|-------------------------------|
| Name of Reference #1: | Email for Reference #1: | Relationship to Reference #1: |
| Name of Reference #2: | Email for Reference #2: | Relationship to Reference #2: |

## Program Readiness

Please assess your readiness to fully participate in one of our training programs by answering the following questions:

**Yes**   **No**

- Do you have the stamina to participate in a full day of classroom activities?
- Are you able to work collaboratively with others in small groups?
- Are there any issues that would prevent you from learning at this time?

## Background & Experience

|   |
|---|
| 1. How do you see this training impacting your own life and relationships?  |
| 2. Please describe how you relate to others with different backgrounds and viewpoints. Please give an example.  |
| 3. Please list any trainings you've attended that relate to recovery and peer support or your understanding of recovery and peer support. (Peer support specialist training, WRAP, eCPR, etc) |
| 4. What factors were important in your own recovery and how long have you been working towards recovery?  |

## Background & Experience Continued

5. What experiences other than traditional mental health services have been important in your recovery journey? (Traditional services defined as medication management, therapy, day support, intensive outpatient, hospitalization, etc)

6. What do you think creates well-being for people?

7. Please describe what you would like to contribute to the community and how you would like to influence opportunities for other people working towards recovery.

8. Describe an activity you have been involved in that represents commitment and follow through.

9. What will be your greatest challenge in attending and participating in the training and how will you address that challenge?

## Tuition & Payment

Tuition includes materials and lunch daily. Applicants are responsible for transportation and lodging. *Please do not submit payment until you have been notified of your acceptance into the training.*

- \$600 - An agency or employer is paying the tuition
- \$300 - I am self-paying and requesting a partial scholarship (*Requires proof of VA residency*)

## Scholarship Terms & Conditions

Through the generosity of our donors, partial scholarships are available for Virginia residents who are self-paying. Scholarship to an MHAV training includes tuition, materials and lunch. By accepting a scholarship, you are agreeing to attend and participate in the program to the fullest of your ability. Recipients who are unable to attend must notify MHAV of the scholarship cancellation 14 days prior to the start date of the training. Cancellation within 14 days or no-show forfeits your scholarship eligibility for 1 year. Scholarships are limited to one per person per training.

Do you currently reside in Virginia?

*Acceptable documents include: Driver's license, DMV-issued ID, voter registration card, utility bill, etc.*

- Yes and I understand that I must submit proof of Virginia residency to qualify for a scholarship
- No

By submitting this application, I am stating that the information in this application is complete and accurate to the best of my knowledge, that I understand it is my responsibility to ensure any required documentation is submitted on time, that I am able to fully participate in the program activities, that I understand completion of this application does not guarantee acceptance into the training, and that I understand that this is essential for my acceptance into a Mental Health America of Virginia training.

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Signature of Applicant

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Date