

⇒ ⇒ PLEASE POST ⇒ ⇒

WANTED: PEER SUPPORT TRAINEES

Closing Date: March 14, 2014

Classroom Training: September - February, 6-9 hours per week

Practicum: After classroom training. Total Length: 36 hours

****To apply you must submit four items****

1. One Application Form (set of questions) from this package (item 1)
2. Two Reference Forms from this package (items 2-3)
 - One reference **must** be from a work or volunteer setting.
 - One reference must be personal (not from a family member and preferably not from a service provider).
3. One Resume (item 4)

Later

- If we are going to offer you a seat, we will ask you to also do a criminal record check.
- If we offered you a seat, we will cover the cost. But only if we offer you a seat.
- So please don't have a criminal record check done yet.

If you have questions, you can call: 604-708-5276.

Note: If one of your references is not clearly from a work or volunteer setting you will not be shortlisted for an interview.

CRITERIA FOR BEING ACCEPTED INTO PEER SUPPORT TRAINING:

- Current or past personal experience receiving mental health services
- Have some kind of volunteer or work experience (does not have to be in mental health)
- Able to role model to people recovering from serious mental illness by sharing common experience
- Good interpersonal skills, particularly the ability to be empathetic, supportive and patient
- Able to learn and work in a classroom setting for 3-4 hrs/class
- Adequate writing and reading skills
- Able to present in a professional manner
- Able to work cooperatively and collaboratively with mental health staff
- Willingness to work with a culturally diverse population
- Willingness to obtain a criminal record check once accepted into the training
- Preference is given to residents of Vancouver or people who are clients of Vancouver Mental Health Services
- Having a second language is an asset (but not required)
- There is a cost of \$350 for this training for non-residents of Vancouver who are not clients of Vancouver Mental Health Services
- Able to use public transit

PLEASE SUBMIT YOUR APPLICATION PACKAGE TO:

Peer Support Office
Attention: Renea Mohammed
200 – 520 West 6th Avenue, Vancouver, BC V5Z 4H5
FAX: 604-874-7661
Phone: 604-708-5276

Please do not email your application package.

- **APPLICATIONS DUE ON OR BEFORE March 14, 2013
VANCOUVER PEER SUPPORT TRAINING APPLICATION FORM**

Name:

Address:

City:

Postal Code:

Phone:

Email:

- 1. What are your reasons for wanting to take this training program?**

- 2. What do you hope to gain from this training?**

- 3. What is your understanding of the role of a peer support worker?**

- 4. Please list any schooling, and or work or volunteer experience you have had that you think would help you in your role as a peer support worker. Include any background experience you have related to the mental health field.**

5. **What personal life experiences have you had that you would consider to be an asset for doing peer support work?**

6. **Please share some of your thoughts and feelings about having been given a mental health diagnosis?** *(Please note that you don't have to disclose what your specific diagnosis is, if you are not comfortable. Although it is important that you feel comfortable sharing your life experience related to your mental illness, as that is fundamental to being a peer support worker.)*

7. **What would you do if a person with whom you are doing peer support work wants to do something that goes against your beliefs and values but isn't something illegal or unsafe?**

8. **What has helped you on your journey of recovery?**

9. What are some of your future goals?

10. If you are accepted into the training you will be required to get a criminal record check. Is there anything, that you know of, that could be a barrier to this?

11. Do you speak any languages besides English? ___ Yes ___ No

If yes, which languages?

How fluent are you? ___ Very Fluent ___ Somewhat ___ Very Little

12. Do you write other languages besides English? ___ Yes ___ No

If yes, which languages?

How well do you write? ___ Very Well ___ Somewhat ___ Very Little

**VANCOUVER PEER SUPPORT WORKER TRAINING –
(WORK OR VOLUNTEER-WORK REFERENCE)**

Name of Applicant: _____

Please help us gain a better understanding of the applicant’s strengths and weaknesses by commenting on the following areas:

1. How long and under what circumstances have you known the applicant?

2. What would you say are some of the applicant’s greatest personality strengths?

3. How do you feel the applicant deals with stress?

4. How would you describe the applicant’s social skills?

5. Please assess the applicant in the following areas:
1– Unsatisfactory; 2 – Low; 3 – Average; 4 – High; 5 – Exceptional

Characteristics	1	2	3	4	5	Comments
Adapts well to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates caring for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows capacity to handle differences of opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts feedback graciously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treats people with respect and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confronts negative attitudes in a caring manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resolves conflict effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Has the applicant ever displayed any behaviors you feel would be detrimental in working with people who have a mental illness?

7. Is there anything else you would like to add?

Name: _____ Date: _____

Phone: _____

**VANCOUVER PEER SUPPORT WORKER TRAINING –
(PERSONAL REFERENCE – not from a family member, preferably not from a service provider)**

Name of Applicant: _____

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Demonstrates caring for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows capacity to handle differences of opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts feedback graciously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treats people with respect and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confronts negative attitudes in a caring manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resolves conflict effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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