

Expression of Interest Form

This is an expression of interest form to receive training to become a Peer or Community Educator through Wellways.

I am expressing interest in the following training:

Building a Future facilitator training

Duo facilitator training

My Recovery facilitator training

Well Together Workshop facilitator training

Well Said presenter training

How do I express interest?

Please send this completed expression of interest form to your local Wellways coordinator. See the flyer for their contact information.

After we have considered your expression of interest, we might ask to speak with you to learn more. We will let everyone who applied know the outcome of their application.

For more information see the attached training flyer and role description. You can also contact your local coordinator to talk through the process and your expression of interest.

Your Name:

Your local Wellways Office:

Your postal address:

Your phone:

Your email:

I have lived experience as (tick all that apply):

- Personal mental health recovery
- Family or Carer or Friend recovery

Please tick what programs or training you have completed:

- Building a Future
- My Recovery
- Duo
- UMI Workshop
- Foundation Training
- Other _____

Please tell us about any experience you have had in facilitating groups or in presenting to groups? (200 words or less)

Please tell us about any experience you have had in providing peer support or in sharing your lived experience with others? (200 words or less)

What does Recovery mean to you? (200 words or less)		
I'm interested in attending this training because... (200 words or less):		
Do you identify with any of the following groups:		
LGBTIQA+ (Lesbian, bisexual, gay, transgender, queer, intersex, asexual)	Yes	No
Multicultural	Yes	No
Aboriginal or Torres Strait Islander	Yes	No
Can you speak any other languages (including Aslan) fluently?		
	Yes	No
Please indicate which ones? _____		
Do you have any dietary requirements?		

What if I miss out?

We will speak with you about expression of interest and discuss further options for learning and participation.

Thank you for taking the time to fill this in.

Please email this form back to your local Wellways Coordinator
Please see the flyer for their contact information.

This section is for the local coordinator to complete with applicant:

<p>Do you have any support needs?</p>
<p>Do you require support with travel and accomodation?</p> <p>Travel details:</p> <p>Accommodation dates:</p> <p>To be arranged by:</p> <p>Q&SD</p> <p>Local Coordinator</p>
<p>Local coordinator details</p> <p>Name:</p> <p>Signature:</p> <p>Date:</p>