



Advanced Peer Advocate Training

November 9th, 16th, and 17th 2012

Advanced Peer Advocate Training (APAT) prepares people who are or who have been consumers of mental health services and have been working in peer advocate roles to support the recovery of individuals who have mental illnesses. This training is an intensive classroom-style program. During the training, participants will learn:

- ❖ Advanced Advocacy Skills
- ❖ Stages Of Change
- ❖ Principle-Guided Decision Making
- ❖ Documentation (Various Types)
- ❖ Welcoming Others
- ❖ Peer-to-Professional Skills

Who Can Participate?

- ❖ Los Angeles County residents age 18 or older who have personal lived experience with psychiatric disability and/or mental illness
- ❖ Those who are interested in using their experience to support the recovery of others who have mental illness by working within the allied mental health system
- ❖ Those willing to publicly identify as a person living with mental illness
- ❖ Those who have been working or volunteering in a Peer Supporter capacity for approximately 1 year
- ❖ Those who have completed a certificated peer supporter training (documentation required)

Requirements:

Participants must commit to:

- ❖ Attending and actively participating in 3 days of intensive training
- ❖ Have the ability to secure transportation to Commerce, CA where the trainings occur

Application Deadline

All applications are due no later than Monday, Oct. 22, 2012 by 5:00 pm. You may mail, fax, email or hand deliver your application to:

Joseph Hall, Training Coordinator
Project Return Peer Support Network
6055 E. Washington Blvd. Ste 900
Commerce, CA 90040
Fax: 323-346-0966
Email: jhall@prpsn.org

If you have questions or would like more detailed information, you may email or call Joseph Hall at 323-346-0960, ext. 237

Selection:

Enrollment is limited, therefore some applicants will be asked to participate in a phone interview on Oct. 29 or 30, 2012. During the telephone interview, more information about the training will be provided.

Time Commitment:

This is an intense 3-day, 8 hour-per-day training from 9:00 am to 5:00 pm. The dates are Friday, November 9th, Friday, November 16th, and Saturday, November 17th, 2012. Lunch and snacks will be provided.

Location:

Classroom instruction will be held at Project Return Peer Support Network's main conference room located at:
6055 E. Washington Blvd., Suite 900
Commerce, CA 90040

Participants will have the opportunity to:

1. Interact with and learn from nationally recognized leaders in the mental health field who are at the forefront of the recovery movement;
2. Learn additional essential peer advocacy skills and hone existing peer advocacy techniques to improve and enhance the mental health system;
3. Network with other individuals working in the field; and
4. Earn certification relevant to working with and within the mental health provider network.

Applicant Name: _____



Project Return Peer Support Network

Advanced Peer Advocate Training Application 2012

Note: Applicants **must have** at least 1 year experience working or volunteering in a peer role or within mental health **and** have **completed** an introductory peer advocate training course.

Participant Agreement Form

You will find listed below the Applicant Agreements for Participation. Please read each of the following statements thoroughly!!! **Initial** each box next to the statement you agree with.

_____ I answered all of the questions and completed this application on my own.

_____ I fully intend to participate to my maximum ability during the 3-day, 8-hour-per-day Advanced Peer Advocate Training including completing the classroom assignments and contributing during group collaboration.

_____ I understand that the fully completed application is due on or before **Oct. 22nd, 2012** at 5:00 pm. The training dates will be **November 9th, 16th, and 17th** (9:00 am - 5:00 pm)

_____ I understand that interviews may be conducted via phone or in person during the time period of: October **29th** and **30th** **2012**.

_____ I understand that the content of the Advanced Peer Advocate Training is meant to provide me with advanced skills necessary for peer support or other positions in the mental health field.

_____ I agree to complete all required homework, classroom assignments and participant responsibilities.

_____ I understand that it is my responsibility to ensure that all references are submitted on time.

_____ I understand that the individuals completing the references are to submit them directly to PRPSN, either via email, mail or fax at the respective address provided on Page 8 of this application.

Please place a check mark next to each required element of the Advanced Peer Advocate Training Application to ensure the application is complete **before** your send it to PRPSN.

_____ Applicant Information Form

_____ Employment & Education History

_____ Applicant Essay Questions (3)

_____ Voluntary Self-Identification Form

_____ Reference Forms (3 references preferred)

Print or Type your name here: _____

Signature: _____

Date: _____



Applicant Name: _____

APPLICANT INFORMATION FORM

All information collected within this Applicant Information document is confidential and will only be used to track and monitor the success of the Advanced Peer Advocate Training Program. Individual names will not be shared with any entity outside of the Advanced Peer Advocate Training and Project Return Peer Support Network. Any reports shared with outside entities will contain aggregate (combined) data and will not be tracked back to individual responses.

Applicant Contact Information:

Name:	
Home Address:	
Email Address:	
Home Phone Number:	Cell Phone Number:

Alternate/Emergency Contact Information: This is someone who could be reached in case of an emergency or as a way to contact you if your information above changes.

Name:	
Home Address:	
E-mail Address:	
Home Phone Number:	Cell Phone Number:

How did you hear about the Advanced Peer Advocate Training?

--

Applicant Name: _____



<h2 style="margin: 0;">EMPLOYMENT & EDUCATION HISTORY</h2> <p style="margin: 5px 0;">Please select the appropriate "Yes" or "No" response.</p>
--

EMPLOYMENT HISTORY	YES	NO
1. Are you currently a paid employee?		
If you answered "Yes" to #1, please answer 1a. & 1b. If you answered "No" go to 1c.		
1a. Is your employment in the mental health field or at mental health agency?		
1b. Do you work full-time (40 hours a week)?		
If you answered "No" to #1 please answer 1c. & 1d.		
1c. If you are not currently a paid employee, have you ever been a paid employee?		
1d. If yes, was your employment in the mental health field or at a mental health agency?		
2. During your life, how many years have you been a paid employee?		
<input type="radio"/> 0 – 1 yr. <input type="radio"/> 2 – 5 yrs. <input type="radio"/> 6 – 10 yrs. <input type="radio"/> 11 – 15 yrs. <input type="radio"/> 20+ yrs.		
VOLUNTEER HISTORY		
3. Do you currently volunteer?		
If you answered "Yes" to #3, please answer 3a. If you answered "No," go to 3b.		
3a. Is your volunteer commitment in the mental health field?		
If you answered "No" to #3, please answer 3b. and 3c.		
3b. If you are not currently a volunteer, have you ever been a volunteer or given your time to help another person/organization?		
3c. If yes, was it in the mental health field?		
4. During your life, how many years have you been a volunteer?		
<input type="radio"/> 0 – 1 yr. <input type="radio"/> 2 – 5 yrs. <input type="radio"/> 6 – 10 yrs. <input type="radio"/> 11 – 15 yrs. <input type="radio"/> 20+ yrs.		
If you have additional comments about your volunteer experience, please write them in the space below:		

Applicant Name: _____



EDUCATIONAL BACKGROUND

1. What is your highest level of achievement in education?

- GED course work High School Diploma/GED Less than 2 years college
- Technical/Vocational School AA Degree 3-4 years College
- Bachelor's Degree 1-2 years Graduate School Master's Degree
- Professional License pending Doctoral Degree

2. If you currently hold a degree, is it in a mental health/social science/human services area of study?

- Yes
- No

3. Have you attended any other Los Angeles County Department of Mental Health sponsored or approved Peer Advocate Certificate Training Programs?

- Yes
- No

If yes, complete the following information and include a copy of your certificate:

When: _____	Where: _____
When: _____	Where: _____
When: _____	Where: _____
When: _____	Where: _____

Applicant Name: _____



APPLICANT ESSAY QUESTIONS

Please answer all three (3) of the questions below in your own words. Failure to complete each question thoroughly and thoughtfully may result in an applicant not being considered for participation in the Advanced Peer Advocate Training.

ADDITIONAL SHEETS MAY BE USED IF NEEDED. MAKE SURE TO ATTACH ADDITIONAL SHEETS ALONG WITH THIS APPLICATION.

1) *Please discuss how your personal lived experience has contributed to your work in the mental health field.*

Applicant Name: _____



2) Please describe your unique set of skills and strengths applied to Peer Advocacy and Peer Support, including a time when you would have done something differently.

3) What are your short-term and long-term professional aspirations? How will your participation in the Advanced Peer Advocate Training enable you to realize your career goals?

Applicant Name: _____



Project Return Peer Support Network

VOLUNTARY DISCLOSURE OF SELF-IDENTIFICATION

While it is your choice to provide us with the following information, it is important that we are successful in our efforts to reach out to a diverse constituency. We appreciate you providing us with the following demographic information to help us gauge the success of these efforts.

Name:	
Home Address:	
Email Address:	
Home Phone Number:	Cell Phone Number:
Gender:	Race/Ethnicity:
Other Languages Spoken:	Age Range:
	<input type="radio"/> 18 – 25 <input type="radio"/> 26 – 35 <input type="radio"/> 36 – 45
	<input type="radio"/> 46 – 55 <input type="radio"/> 56 - Above
Emergency Contact (Name & Phone Number):	

Requirements for Participation:

Registration for the Advanced Peer Advocate Training requires a commitment to the following terms:

- Full attendance in an intense (3) day, (8) hour-per-day training period.
- Must have at least 1 year experience working or volunteering in a peer role or within mental health and have completed an introductory peer advocate training course.
- Full participation in lectures, group discussions/activities and reading assignments.

Agreement: *I understand that if I am selected for this program, I will attend all training sessions. I also certify by signing below that all information in this application is true to my knowledge and the three essays are written in my own words.*

Print Name

Date

Signature

Applicant Name: _____



**Project Return Peer Support Network
Advanced Peer Advocate Training Reference Form**

Confidential

We will accept references from the following people: supervisor, friend, co-worker, teacher, etc.

Please do not send references from your treatment team (case manager, doctor, therapist, etc.) as these will not be accepted.

TO BE COMPLETED BY APPLICANT	
NAME OF APPLICANT:	
<p>WAIVER: As required for consideration of acceptance into the PRPSN Advanced Peer Advocate Certificate Training, I give permission for this form to be submitted directly to the Project Return Peer Support Network program without my review, and I understand that I will not see the contents. Both the referrer and I understand that this form must be faxed, emailed or post-marked by the application deadline. A late submission may disqualify me from acceptance to the Advanced Peer Advocate Training. Mailing Address: Project Return Peer Support Network – 6055 E. Washington Blvd., Suite 900 Commerce, CA 90040. Email: jhall@prpsn.org; Fax: 323-346-0966. Please direct all applications and references to Joseph Hall. All references are due by the application deadline of October 22nd 2012.</p>	
APPLICANT SIGNATURE:	Date:

TO BE COMPLETED BY REFERRING INDIVIDUAL

The Advanced Peer Advocate Training is an intensive 3-day, 8-hour-per-day program that includes classroom participation and homework assignment completion; the ability to communicate effectively (written and verbally); and the ability to think critically through all classroom lectures.

Name: _____ Relationship to Applicant: _____

1. How long have you known the applicant?
2. Why do you believe this person would be an effective peer advocate?
3. What do you see as this person's greatest strength?
4. What will be this person's greatest challenge?

Applicant Name: _____



5. Please rate the applicant in the following areas and provide additional comments in Question 6. Please check only one box for each item:

		Poor	Fair	Average	Good	Excellent	Not Observed
1.	Leadership Skills						
2.	Socializes Comfortably						
3.	Communicates Effectively						
4.	Self-Motivation						
5.	Reliability						
6.	Integrity						
7.	Recovery Foundation						

6. Any additional comments:

Signature: _____

Date: _____

Name: _____