

Application to Participate in Pathways FOR-U
Facilitator Training

Date(s) of Training: _____ Location: _____

Name (Please print): _____

Address: _____

Phone: (H) _____ (W) _____

Email: _____ Fax: _____

Agency/Organization Affiliation (if any): _____

Please list any special accommodations that may be needed for you to participate in this training:

Please answer the following questions as fully as possible. Attach additional page(s) if necessary.

1. Have you completed the pre-requisite *Pathways FOR-U* seminar training (12 weeks)?

2. Please write the completion date(s): _____

3. Location of the seminar training: _____

4. How would you like to use this work upon completion of this training? _____

5. Please list any previous experience(s) in self-help/peer support groups or advocacy:

6. If you have had previous self-help or peer support experience, did you take any kind of *leadership role*? Please describe: _____

7. How will you and or your agency finance running *Pathways FOR-U* groups, presentations, trainings, workshops in your community or organization (these costs include finding space, materials, Pathways To Recovery Workbooks, binders, photocopying, etc.)? _____

8. Will you and/or your agency be paying for the training materials and activities fee of \$350 for Connecticut residents in its entirety (*\$650 for non-CT residents) or will you be requesting a full or partial scholarship? (*Non-CT residents may not be eligible for a full or partial scholarship due to our funding policies and regulations.)

Applicant Signature: _____

Date: _____

****Note – Please be advised that you will not receive your final Facilitator’s Certificate at the end of this training. You will receive your Certificate after you have facilitated a 12-week Pathways FOR-U training and have obtained positive evaluations from your participants (and mailed them back to FOR-U).***