



WRAP® Facilitator Training Application

Thank you for your interest in the Wellness Recovery Action Plan Facilitator Training. To be considered for the facilitator training, all parts of the application must be completed. Please type or print your answers to the open-ended questions on a separate sheet of paper. Applications should be submitted to the REACH Program Director by Tuesday, October 1, 2019. Contact Megan Sharkey with any questions.

Part One

Demographics

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Part Two

Please answer the following questions to the best of your ability.

1. What has inspired you to apply for this training?
2. How do you use your personal WRAP in daily life?
3. What experience do you have with peer support and/or peer-run organizations?
4. Please share specific experiences you have had teaching, facilitating, and/or presenting in front of groups of people.
5. What do you see as your largest areas for improvement? How might these come up during future coordinations and facilitations of WRAP groups?
6. What do you see as your greatest strengths? How might these be applied during future coordinations and facilitations of WRAP groups?
7. What is your facilitation plan? How will you use the resources in your community to organize and implement a WRAP group?



Part Three

Please describe how you would respond to each of the following scenarios.

Scenario 1

You receive a call from a local case manager asking about the upcoming WRAP group that you have advertised in the E-Digest. The case manager tells you a little about her client named, Joe, and about his struggles with depression. The case manager thinks the WRAP group would be really helpful for Joe and asks you to add him to your participant list.

How would you respond in this situation?

Scenario 2

You are facilitating a WRAP group with 6 participants. One group member frequently interrupts with questions and talks over other group members. The rest of the group seems like they may be getting frustrated with the frequent disruptions (i.e. participating less, exasperated sighs).

How would you respond in this situation?

Scenario 3

You are facilitating a WRAP group with 11 participants. You usually meet on Wednesday evenings and you recognize on Sunday that you aren't feeling well. You tell yourself that you will wait and see how you are feeling in another 24 hours. When you are still feeling badly Monday night you begin to worry about needing to reschedule this week's meeting. But disappointing your participants is something you'd never want to do!

What would you do in this situation?



Part Four

Please provide the contact information of someone who has worked with you or observed you in moments when you were providing peer support. Be sure to get their consent to be a reference for you prior to sharing their contact information.

Name _____

Job title (if applicable) _____

Relation to you _____

Phone _____

Email _____

Part Five

I understand that the submission of this application does not guarantee myself spot in the training. The second phase of the application process may consist of a phone interview with the REACH Program Director to assess the applicant's readiness. I verify that all information provided has been truthful.

Applicant Signature _____ Date _____