



SELF-REFERRAL FORM

Please complete this document if you are NOT currently working in a peer position in a NJDMHAS funded program or if you do not have the support of your employer to attend this training. **Submit completed form to Consumerconnections@mhanj.org**

****THIS FORM SHOULD BE COMPLETED BY THE APPLICANT****

| <u>Applicant Information</u> | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Name: | | |
| Street Address: | | |
| City/State/Zip: | | |
| Phone: | | |
| Email: | | |
| | | |
| I have reviewed the dates and location of the CORE training session I am applying for. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have an employment goal of obtaining a peer position in a mental health or co-occurring setting. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | |
| | | |
| <p>By completing and signing this form, I am agreeing that I am committed to attending and completing the Consumer Connections CORE training if I am selected to attend. This training includes 108 hours of classroom instruction. Scheduling information for individual sessions can be found at www.mhanj.org/consumer-connections</p> | | |
| Signature of Applicant: | | |
| Date: | | |