



EMPLOYER REFERRAL FORM

Please complete this document if the applicant is currently employed in a peer position AND the employer is supporting the applicant's potential attendance at the Consumer Connections CORE training. Individuals who do not have the support of their employer or are not currently working should complete and submit the Self-Referral Form instead.

Submit completed form to Consumerconnections@mhanj.org

****THIS FORM SHOULD BE COMPLETED BY THE APPLICANT'S DIRECT SUPERVISOR****

<u>Applicant Employment Information</u>
Name:
Agency Name:
Program Name:
Job Title:
Date of Hire:
Job Duties:
Is applicant employed in a peer position? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this program funded by NJ DMHAS? Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Employer Information</u>
Supervisor's Name:
Supervisor's Title:
Supervisor's Phone:
Supervisor's Email:
By completing and signing this form, I am agreeing that the agency/program and supervisor are in support of the above name applicant's application for and attendance at the Consumer Connections CORE training. This training includes 108 hours of classroom instruction. Scheduling information for individual sessions can be found at www.mhanj.org/consumer-connections
Signature of supervisor:
Date: