 

**WRAP® Facilitator Training (Level 2) - 5 Day Training**

**Course Application Form**

**Wexford Mental Health Association**

**Waterford/Wexford Mental Health Services-HSE**

Course Dates: 24th, 25th, 26th April 2017 and 2nd, 3rd May 2017.

Venue: Riverbank House Hotel, Wexford.

*We are currently seeking expressions of interest from people with lived experience, family members/carers and people working in the mental health services to become WRAP® Facilitators.*

*Please ensure that you have read and agree to by signing the WRAP® Facilitator Training (Level 2) Training Requirements and Values and Ethics of WRAP® attached to this form*

**Personal Details:**

|  |  |
| --- | --- |
| Name: |  |
| Job Title (If Applicable): |  |
| Home Address |  |
| Work Address (If Applicable): |  |
| Email: |  |
| Landline: |  |
| Mobile: |  |
| Name of Service/Organisation: |  |

**Details of WRAP® Level 1 Training Completed:**

|  |
| --- |
| Dates: |
| Venue: |
| Trainers Names: |
|  |
|  |

**My Relationship with WRAP®:**

The Benefits that I have experienced from using Level 1 WRAP® Training in my own life:

Why I wish to become a WRAP® Facilitator

Why I wish to become a WRAP® Facilitator:

Please Outline Your Previous Experience in Group Facilitation, if any:

Have you experience of working as part of a team? Please give details.

Is there any other information you would like to add?

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Closing date for applications: Friday 10th March 2017**

**Please return completed application forms to:**

Wexford Mental Health Association

Henrietta Street

Wexford

Tel: 053 914 0610

 

**WRAP® Facilitator Training (Level 2) - 5 Day Training**

**Training Requirements**

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**Waterford/Wexford Mental Health Services-HSE**

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Any applicant applying for WRAP® Facilitator training (Level 2) must agree to the following criteria, this must also be agreed and signed off by their line manager.

* Attendees applying for Level 2 training must have completed Level 1 training and provide evidence of their certification for same (photocopy of cert to be attached to application form, including details of when and where the training was completed and identifying the trainers)
* ***An essential criterion is that you have completed the section on the application form as to why you wish to become a WRAP® trainer, and the benefits you have experienced applying WRAP® in your own life.***
* You have been provided with a copy of the values and ethics of WRAP® - we request that you revise same and indicate your commitment to deliver in accordance to same.
* It is desirable that applicants have experience of and understanding of the skill set and expectations of group facilitation, please provide evidence of experience/training in group facilitation, if any, in the space provided on the application form.
* Attendees **must attend the full five days of training**: 24th April, 25th April, 26th April 2017 and 2nd May, 3rd May 2017.
* Following training, attendees must agree to become a member of the relevant county WRAP® network/working group in either Waterford or Wexford, attend meetings and take on assigned tasks. The network/working group works to develop opportunities for training individuals across the county and provides a forum for the sharing of good practice and resources.
* Applicants who are applying as part of their professional work role will be expected to provide a minimum of six Level 1 WRAP® training programmes over the subsequent three years post training, these programmes must be open to service users of the mental health services and the members of the public who express interest through the Wexford Mental Health Association.
* Applicants, who are applying independent of their worker role, will be expected to provide a minimum of three Level 1 WRAP® training programmes over the subsequent two years post training, these programmes must be open to service users of the mental health services and the members of the public who express interest through the Wexford Mental Health Association.

**Applicant declaration:**

I wish to apply for a place on WRAP® Facilitator training (Level 2). I agree to adhere to the requirements outlined above and will be in a position to bring my learning back to the area in which I work. I will attend refresher programmes if necessary and accept that it is my responsibility for keeping up to date with current and best practice initiatives.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Service Providers Only – (e.g. HSE Line Manger, Centre Manager etc)

Line Manager Declaration:

I have discussed this training with the above staff member and agree to release them from their duties to attend the training and provide WRAP® Level 1 interventions (16hrs), minimum of 6 interventions over 3 years following this training. I also approve of their attendance at WRAP® Working Group/Networking meetings to support the effective delivery of WRAP® workshops.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

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**Wexford Mental Health Association**

**Waterford/Wexford Mental Health Services-HSE**

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**Values and Ethics of WRAP®**

* Self-determination, personal responsibility, empowerment and self-advocacy are the key aspects of this programme.
* The programme supports workshop decision-making and personal sharing.
* Participants are treated as equals, with dignity, compassion, mutual respect and unconditional high regard.
* There is unconditional acceptance of each person as they are – unique, special individuals, including acceptance of diversity with relation to culture, ethnicity, language, religion, race, gender, disability, sexual identity and readiness issues.
* Participants are given the opportunity to explore choices and options and are not expected to find simple, final answers.
* All the participation is voluntary.
* The focus is on individual strengths and away from perceived deficits.

**Values and Ethics of WRAP®:**

I have read the value and ethics of WRAP® and commit to delivering WRAP® Training in accordance with same:

Please Tick:

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 

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**Application Checklist**

* Completed and signed WRAP® Level 2 Application Form
* Read and signed WRAP® Level 2 Training Requirements- with line management signature where applicable
* WRAP® Level 2 Training Requirement Signed by Line Manager where applicable
* Copy of WRAP® Level 1 Training Certificate Attached.
* Read and agree to deliver WRAP® Training in Accordance with the Values and Ethics of WRAP®.

This WRAP® Level 2 Training is being co-ordinated by the Wexford WRAP® Working Group and is a collaboration between the HSE and the Wexford Mental Health Association.

We would like to thank you for taking the time to complete this application form. Places on the training are limited and applications will be reviewed in line with the training requirements outlined above and places will be allocated on the basis of same.

**Closing date for applications: Friday 10th March 2017**

**Please return completed application forms to:**

Wexford Mental Health Association

Henrietta Street

Wexford

Tel: 053 914 0610

If you have any queries in relation to the WRAP® Facilitator Training (Level 2) or the application process, do not hesitate to contact:

|  |
| --- |
| Name: |
| Position: |
| Phone: |
| Email: |

Kind Regards,

***The Wexford WRAP® Working Group***