

APPLICATION FOR FAMILY SUPPORT PARTNER (FSP) TRAINING



Family Support Partners & Training, LLC

Name:	Date:
Address:	
Best phone number to reach you: _____	
Your Email Address: _____	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest level of education completed: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____	
Current Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Student	
If employed, name of employer and your job title:	
<b>The following questions are intended as part of a screening process to assess your eligibility and readiness for training. Please respond to the questions as honestly and completely as possible.</b>	
Are you the parent or adult caregiver of a child under 18 years of age who has a <b>mental health diagnosis</b> or have you raised a child who before the age of 18 was <b>diagnosed with a mental illness</b> ? <input type="checkbox"/> Yes. Number of years child has been in recovery: _____ <input type="checkbox"/> No.	
Tell us why you are interested in taking this training?	
Briefly describe some of the challenges and obstacles you encountered while raising a child with a mental health diagnosis.	

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Explain how you navigated child-serving systems while raising a child with a mental health diagnosis.

Describe your child's recovery process and what has helped (e.g. services, plans).

Are you willing to share your story about raising a child with a mental health diagnosis with other parents and with co-workers once you are employed as a CFSP?  Yes  No

The training is 40 hours long and you are required to attend all sessions. Is there anything that would prevent you from meeting this attendance requirement?  Yes  No

Add any other information about yourself and your background that you believe would assist us in knowing you better and your qualifications. (e.g. volunteer experience, life experience, advocacy work, professional experience, teamwork, your strengths)

I certify that all statements and responses to questions on this application have been answered by me and are accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**This application must be accompanied by two (2) letters of recommendation, one from a professional source and the other from a personal source. A professional source includes someone from a volunteer position you held. The letters are to include the following information:**

- Reference's name, phone number, address and email address
- How the individual knows you and how long he/she has known you
- Why the individual believes you are well-suited to become a CFSP (your strengths, abilities, personality, how you meet qualifications of a CFSP, ability to work as a team member, challenges you may face, any other skills, etc.), or if you are not pursuing certification, why you are a good fit for this training.
- Signature and date of the reference letter

**Completed applications, along with (2) letters of recommendation, are to be emailed to [fam.sup.partners@gmail.com](mailto:fam.sup.partners@gmail.com). Type: "Completed Training Application" in the subject line of the email.**