

APPLICATION**For the Georgia Peer Support Institute (G.P.S.I)**

November 11-13, 2014

Epworth By The Sea, St. Simons Island

Return to: GPSI Project Coordinator, Georgia Mental Health Consumer Network, 246 Sycamore St., Ste. 260, Decatur, GA 30030 OR FAX to: 404-687-0772. **PLEASE PRINT CLEARLY AND PUT YOUR NAME ON THE TOP LEFT HAND CORNER OF EACH PAGE!**

PLEASE NOTE: If you have attended prior GPSI, CPS training or you are a CPS you are not eligible to apply.

If you are selected you will receive notice of your acceptance to the Institute approximately 2 weeks prior to the training.

NAME _____

Name you want to see printed on your name tag _____

Address _____

City _____ County _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other (specify) _____

EMAIL _____

Please check all appropriate boxes:

Male Female

I have a mental health diagnosis

-
- I have attended the Georgia Peer Support Institute (GPSI)
 - I have attended the Certified Peer Specialist (CPS) training
 - I am a Certified Peer Specialist

Please answer the following questions. If you need additional space for your answers, attach an additional page.

1. If you receive services from a Mental Health Center (MHC), please write the name of this agency (i.e. Highland Rivers CSB, Clayton Center, CFI, etc.).

2. If yes to the above, please write the name and phone number of the Certified Peer Specialist (CPS) that works with you at the MHC where you receive services.

3. **Why** are you interested in attending the Georgia Peer Support Institute (GPSI)?

4. **What** do you hope to gain from attending the GPSI?

5. Please describe what **recovery** means to you?

6. Where do you feel you are on your recovery journey?

7. Please describe what impact you want to make in your community by attending the GPSI?

8. Please tell us about yourself (i.e.: your hobbies, passions, talents, strengths, hopes, dreams and goals, etc.)?

9. **Transportation:** *Please check one.*

If my registration is confirmed, I plan to drive myself to the Institute.

If my registration is confirmed, I am willing to drive others to the Institute.

If my registration is confirmed, I will need to find transportation to the Institute.

If my registration is confirmed, I plan to ride to the Institute with:

Name of driver: _____

Is it an agency vehicle? _____

Do you plan to take public transportation (Greyhound bus, taxi, etc.) _____

10. **Lodging:**

In order to maximize the number of people who can attend the Institute, this scholarship provides for double occupancy lodging (2 beds in 1 room). Roommates are usually assigned; however, efforts will be made to accommodate your request for a roommate.

** If you know a potential roommate now, please write their name below.*

* I am willing to share a lodging room with someone of the same gender. Yes No

* If available, single rooms may be reserved, for an extra charge, which you will be responsible for paying. I am interested in paying extra for single accommodations.

Yes No

11. Meals and Snacks:

Meals will be served cafeteria style with several menu options, allowing accommodation for most dietary needs. Please place a check by the snack items that you would like to have during breaks.

___ Sugar Free Soda

___ Coffee

___ Sweet snacks (cookies)

___ Regular Soda

___ Decaf

___ Fruit

___ Caffeine Free Soda

___ Hot Tea

___ Savory snacks (pretzels, popcorn)

___ Bottled Water

___ Fruit Juice

___ Nuts

12. Special Requests:

Please Check one box to let us know if you have any specific needs related to mobility or accessibility to rooms, or other special needs.

I have no special needs or requests for accommodations.

I require special accommodations. Please describe (i.e. difficulty walking distances; wheel chair accessibility; vision or hearing limitations, a refrigerator for medication, etc.)

13. Emergency Contact Information:

Please write the name(s), relationship and phone numbers of persons you would like to be contacted in the case of an emergency.

#1 Name: _____ #2 Name: _____

Relationship: _____ Relationship: _____

Phone Number(s): _____ Phone Number(s): _____

PERSONAL COMMITMENT

Attending the Georgia Peer Support Institute is a privilege that requires a significant commitment of time and energy. You are expected to make transportation arrangements to arrive at the training on time, participate in two half days and one full day of training, as well as possible evening sessions and complete any assigned homework. In addition, each participant is expected to complete and WRITE A REPORT on a project done in their home community, based on something learned at the Institute. Please consider your commitment to this project before applying.

14. I understand that attendance at all sessions is mandatory.

Yes No

14. I am committed to work on and prepare a report on the outcome of my project.

Yes No

*Thank you for your interest in the Georgia Peer Support Institute (GPSI). Please feel free to share copies of this application with any Georgian who has been diagnosed with a mental illness and has never attended GPSI. **Once someone attends the Georgia Peer Support Institute, they are considered a GPSI Graduate and are ineligible to attend the Institute again.***

There are a limited number of scholarships, all applicants may not be accepted for the Institute. Approximately two weeks before the Institute, applicants will be notified if they are accepted for the GPSI.

If you have further questions about the Georgia Peer Support Institute, please contact Brent Hoskinson, CPS at 1-800-297-6146 or 404-687-9487, or email at brent@gmhcn.org or gpsi@gmhcn.org

Thanks again for your interest!

NOTE: Deadline for completed application is October 27, 2014.