

preliminary questionnaire

Training in self-management support and taking charge of mental health through group interventions for anxiety, depression, and bipolarity.

Objectives:	<ul style="list-style-type: none"> • Acquire a better understanding of the self-management support approach • Become familiar with the content of workshops developed by Relief • Identify key components of self-management support interventions (empowerment, taking charge, self-efficacy)
Cost:	\$397 + taxes per person (\$456.45 tax included) Cost includes training materials and one of the five facilitation guides with a value of \$120
Terms:	Relief reserves the right to cancel training sessions if the minimum number of participants is not met. If the session is cancelled, Relief will refund only the registration fees.

Start date of training session: _____

Choice of facilitation guide
(1 copy only):

- Anxiety** self-management
 French
 English

In French:

- Bipolarity** self-management
 Depression self-management
 Self-esteem self-management
 Workplace self-management

1. Person attending the training session

First and last name: _____
 Position: _____
 Professional order (if applicable): _____
 Organization: _____
 Department: _____
 Address (work): _____
 City: _____ Province: _____ PC: _____
 Telephone (work): _____ Cell.: _____
 E-mail: _____

2. Billing information

Use information in section 1.

First and last name: _____
 Position: _____
 Organization: _____
 Department: _____
 Address: _____
 City: _____ Province: _____ PC: _____
 Telephone: _____
 E-mail: _____

Payment method: Cheque (made out to Relief) Visa or Mastercard (Relief will contact you for the card number)

Cardholder: _____

3. What do you hope to learn by participating in this training session?

4. Which of the following workshops are of interest to you?

- Anxiety self-management Bipolarity self-management Depression self-management
 Self-esteem self-management Anxiety and mood disorders in the workplace self-management

5. Do you plan to lead self-management workshops?

- Yes No Don't know

If yes, please complete the following section:

a) Workshop start dates:
b) Type of workshop(s):
c) City:
d) Name of person who will co-lead with you (if known):
e) Date co-leader will take this training:

6. Have you ever led a group intervention? If so, what type of intervention was it?

7. For how many years have you led each type of intervention?

a) Group intervention:

- No experience Less than 1 year 1-3 years 3-5 years More than 5 years

b) Mental health intervention:

- No experience Less than 1 year 1-3 years 3-5 years More than 5 years

8. **On a scale of 1 – 10**, what is your level of knowledge of each of the following problems? Please note that the training session will not deal specifically with any of these problems.

Anxiety: 1 2 3 4 5 6 7 8 9 10

Bipolarity: 1 2 3 4 5 6 7 8 9 10

Depression: 1 2 3 4 5 6 7 8 9 10

9. How did you hear about self-management support training?

10. Is there any other information you would like to share with us?

Yes, I agree to receive e-mails about self-management support.