



**Mood  
Disorders  
Association  
of  
Ontario**

## **Registration Form**

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### **WRAP® Facilitator Training at the MDAO**

To be eligible for this training **each applicant** will need to have completed one the following:

1. The Correspondence Course through Copeland Centre
2. Level One: Introduction to Mental Health Recovery and WRAP workshop,
3. 3 days workshop, eight week or longer WRAP Group. WRAP Level One

### **The fee for WRAP Facilitator Training with MDAO is \$1,400 CAD**

Payment is required at time of registration and can be made by:

- Cheque made payable to **Mood Disorders Association of Ontario** and mail it to

Mood Disorders Association of Ontario  
36 Eglinton Ave. W, Suite 602  
Toronto, Ontario  
M4R 1A1  
**Attn. Eric Jonasson**

- Over the phone by credit card. (incurs a processing fee)
- Cash, money order or electronic transfer

For organizations submitting registration for multiple staff, arrangements can be made to send an invoice, however we still need a complete application package for each person.

If you have any questions please contact [erici@mdao.ca](mailto:erici@mdao.ca) for more information.

### **Note:**

Registration is not complete and your participation will not be confirmed until MDAO receives the following;

- A complete application package,
  - Valid supporting documentation – typically a certificate confirming you have completed a qualifying version of WRAP Level One. Scan and email a PDF or JPG of your certificate to [lesliec@mooddisorders.ca](mailto:lesliec@mooddisorders.ca)
  - Payment in full.
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Your application

**Part 1: Your Personal Information**

First Name \*

Last Name \*

Name as you would like it to appear on your certificate \*

Mailing Address \*

Address Line 1

Address Line 2

City

Province\*

Postal Code

Country

Your Email Address \*

Phone Number \*

**Method of Payment**

Please state method of payment (credit card, cheque, cash. Etc.)

**Part 2: Your Eligibility**

Which version of WRAP did you complete?

- WRAP workshop, or the Copeland Center's Correspondence Course?

**When** and **where** / with which organization did you complete a WRAP program, workshop or Correspondence Course?

What date is on your certificate?

Who facilitated your WRAP program?

Facilitator 1

Facilitator 2

### **Part 3: About you and WRAP**

Please describe how you have been using WRAP in your own life since you completed a WRAP program.

What is your reason for wanting to learn to facilitate WRAP<sup>®</sup> classes?

What is it that you most value about WRAP?

What do you believe you bring or offer as a WRAP Facilitator?

### **Part 4: Capacity building**

**This section is about how you intend or expect to be working with WRAP to help make WRAP more available to more people across Canada, and about how you and your organization hope the program will help you take what you learn and put it into practice.**

What organization will you be working with to help run WRAP programs?

Will you be joining an existing team offering WRAP already or will you be establishing new capacity to offer WRAP?

Please say a little about the population or community you intend to be working with offering WRAP.

What do you envision will be most challenging in learning how to facilitate WRAP?

What challenges do you face in establishing capacity to make WRAP available in your community?

What support do you hope to gain from this training to assist you in establishing WRAP in your community, run your first WRAP program, etc.?

WRAP is a co-facilitation model, who do you expect to be co-facilitating with?

**Please email completed application to Eric, at [ericj@mdao.ca](mailto:ericj@mdao.ca) or fax it to (416) 486-8127.**