

Application

Name: _____

Address: _____

City / Town: _____

Home phone: _____

Work phone: _____

Email: _____

Signature: _____

Do you have a chronic health condition? Yes No

If yes, please describe:

Do you have any previous training experience? Yes No

If yes, please describe:

Leader Agreement: You cannot lead a workshop until you have attended all four days of the training. Trainee Leaders are required to make a commitment to facilitate the Self-Management Workshop as provided from the Stanford Patient Education Research Center. You will receive a \$100 honorarium for each workshop you co-lead. Workshop leaders are not employees of the Stanford Patient Education Research Center or the Regional Health Authority. The honorarium is not a salary, and is intended to reimburse leaders for expenses of commuting and other incidentals incurred while leading the workshop. Leaders must facilitate the workshop only as outlined in the course manual.

I agree to co-lead one entire Self-Management Workshop within 6 months. I will facilitate workshops in strict accordance with the course as written in the Leaders Manual, and as taught to me at leaders training. I will attend all four days of the leaders training.

Date: _____



Are you interested in becoming a workshop leader?

Do you or someone you care for want to learn how to better manage living with your ongoing health condition?

We are looking for people with long-term health conditions who are motivated to help themselves and to assist others to learn how to manage their chronic health conditions.

Improving Health: *My Way* leader training is happening on a regular basis at a location near you.

What do I need to do to become a leader for the Improving Health: *My Way* Workshop?

- No experience is necessary
- You must plan to attend all four days of the training
- Training is free

Each workshop is taught by two trained leaders (you and someone else)

- The Improving Health: *My Way* workshop meets for 2 ½ hours once a week for six weeks
- The workshop is offered at community sites (community centres, senior centres, churches etc)



How do I register?

Read the back of this brochure and please fill out the application form. Once completed please contact the local self-management coordinator in your area.

If you have any questions please contact:
NL Health Line 811 or 1-888-709-2929

Or contact your local self-management coordinator:
Eastern Health 1-709-752-3946 or 1-866-80-8998
Central Health 1-709-256-5690
Labrador-Grenfell Health 1-709-454-3333 ext 7364
Western Health 1-709-637-5000 ext 6689
www.health.gov.nl.ca/health
ImprovingHealth@gov.nl.ca

