



Before completing this form please review this **WRAP Facilitator Seminar 2 Criteria checklist:**

1. **Attended WRAP Seminar 1**
2. **Developed own WRAP and have been actively using it for 3 months**
3. **Can provide a written statement (or other way) to demonstrate sound knowledge of WRAP**
4. **Have a plan of how you're going to use the training to deliver Seminar 1 courses to others in an organisation or community setting.**

WRAP Facilitator Seminar 2	Training Application form
First Name:	
Last Name:	
Name as you would like it to appear on your certificate:	
Address:	
Email:	
Phone:	
Dates of Facilitator training you applying for:	
Dates you completed WRAP seminar 1 or details of other WRAP training (within the last 3 years)	
A short statement to demonstrate you have developed your own WRAP and have a plan of how you will use this training to deliver seminar 1 courses to others in an organisation or community setting:	

Written statement to demonstrate sound knowledge of WRAP (if you would like to present this understanding by other media please give details here)

Please add any additional information that you would like to share with regard to your application:

For non-Southern Health Foundation Trust Adult Mental Health Division please include your budget code or invoice information

Managers column (when appropriate)

Has this application been considered as part of the strategic area plan?

(if you would like more information on this for your area please contact)

Katherine.Sault@SouthernHealth.nhs.uk

Signature:

Yes / No

Please provide a short statement about this:

Please return to: sarah.richmond@southernhealth.nhs.uk or post to

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236 Empress Road
Southampton
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