



Mental Health Facilitator

Trainee Information Form

Please print clearly and turn in the completed form to your trainers.

First Name: _____

Last Name: _____

Address: _____

City: _____

Province/State: _____

Country: _____

Email Address: _____

Home Phone: _____

Business Phone: _____

Gender: Male Female Age: _____ Date of Birth: _____ / _____ / _____
Day Month Year

Please mention which language(s) you speak fluently: _____

Please indicate highest level of education obtained:

Elementary High School 2-yr degree Bachelor's degree Master's degree Doctorate

Please list professional credentials: _____

Briefly explain why you are interested in the MHF training: _____
