



FAMILY CONNECTIONS LEADERS TRAINING 2020 APPLICATION FORM

National Education Alliance for Borderline Personality Disorder

Name _____

Address _____

Email _____

Contact No _____

Are you a mental health professional?	<input type="checkbox"/> yes <input type="checkbox"/> No
Background qualifications (please specify)	
Are you a carer?	<input type="checkbox"/> yes <input type="checkbox"/> No
Details of FC program you completed: [Date, Name of Leaders, Suburb and State of Program]	

What is the proposed venue address for your first FC program?

Would you be able to offer the FC via Teleconnections
[Zoom video conferencing is accessible through NEA BPD
Australia].

yes No

What is your availability?

[Please note: 5:30pm or 6pm is the preferred time]

Times:

Days:

Proposed commencement date:

[Within 3 months no more than 6 months post training]

Thank you for applying for training to become a Family Connections Leader. We will be in touch shortly to confirm your eligibility to attend this training.