



the path of  
mental health

## application form

**Going further project: Together, let's make self-management support available in your region!**

Please email this form to [chantal.robby@myrelief.ca](mailto:chantal.robby@myrelief.ca)

### Part I – Information about the applying organization

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Name of organization

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City

Administrative region

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Name of contact person

Title of contact person

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Telephone

Email

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Website

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Total number of employees

Number of workers

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City(ies) where the workshops will be given if a  
starter kit is received

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Charitable registration number

1. Describe your organization's mission and services (maximum 200 words):

2. Please confirm that you have read and understood the following documents:  Yes  No

- a. Relief's website <https://myrelief.ca/relief-1/going-further>
- b. Document entitled *Terms of participation*
- c. Document entitled *Recommended profile of workshop co-facilitators*

3. Did you attend the online information session about the project?  Yes  No

4. How did you hear about the *Going further* project?

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## Part II – Information about the partners (where applicable)

### 2.1 Main partner organization

Use this section to provide information about the partner organization you feel is most important to this project. If you have other partner organizations, use **Section 2.2**.

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Name of partner organization

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City

Administrative region

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Name of contact person

Title of contact person

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Telephone

Email

1. Have you ever worked with this organization?  Yes  No

2. Type of partnership:

Indicate which of the following **code(s)** best apply: \_\_\_\_\_

#### Codes to use depending on type of partnership

- A. Promotion of the workshops to the public and/or healthcare professionals
- B. Referral to the workshops by workers or professionals
- C. Co-facilitation with the applying organization
- D. Delivery of workshops on topics that complement those offered by the applying organization
- E. Provision of a space for holding the workshops (in the event of in-person meetings)
- F. Funding for the delivery or repeat delivery of the workshops
- G. Support for obtaining funding
- H. Support for evaluating the workshops
- I. Equipment loan or donation
- J. Other

## 2.2 Other partner organizations (optional)

List other partner organizations (where applicable). Indicate the **code(s)** that correspond(s) to the type of partnership (see the table in **Section 2.1**).

Name of organization	Name of contact person	City	Code (A to J)

**3. Your comments about the partners (optional, maximum 200 words).**

**Part III – Information about the co-facilitators**

1. Do the workers who will participate in the training and co-facilitate the workshops correspond to Relief's *Recommended profile*?  Yes  No
2. Are the workers who require training equipped to participate in an online training session (camera, microphone, computer, Internet connection)?  Yes  No
3. Indicate the total number of workers to be trained: \_\_\_\_\_
4. Check the preferred training date:
  - Thursday, Septembre 9, 2021**, from 9 a.m. to 5 p.m.
  - Thursday, Septembre 16, 2021**, from 9 a.m. to 5 p.m.
  - Thursday, October 14, 2021**, from 9 a.m. to 5 p.m.
  - None. Specify the reason or propose another date:**

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\* These dates are subject to change.

**5. Your comments about the co-facilitators to be trained (optional, maximum 200 words).**

## Part IV – Accessibility, quality, and repeat delivery of the workshops

1. Why do you want to offer the workshops in your region? What would be the benefits of giving these workshops? Briefly explain (maximum 200 words).

2. How will your organization and its partners promote the workshops and attract as many participants as possible? Briefly explain (maximum 50 words).

3. Does your organization have the resources to give the workshops more than once (see Section C of the *Terms of participation*)?  Yes  No  
Briefly explain (maximum 50 words).

4. Will participants have to pay a registration fee?  Yes  No  Unsure

5. Based on your understanding of local needs, list the objectives that your organization (and its partners) could realistically achieve in the table below.

Workshop topic	Number of workshops planned for the 1st session	Number of workshops planned per year, after the 1st session
Anxiety		
Depression		
Bipolar disorder		
Self-esteem		
Mental health in the workplace		
<b>TOTAL</b>		

6. How do you plan to give the workshops?

- Online
- In person
- Both

7. Will your organization make the workshops available to a particularly at-risk segment of the population or to people with otherwise limited access to mental health services?

- Yes
- No

**If yes**, indicate which segment(s) of the population (maximum 50 words).

8. Relief would like to evaluate the workshops that are given in Quebec. Would your organization agree to ask participants to fill out an evaluation form at the end of the workshop?

- Yes
- No

9. Other comments (optional, maximum 50 words).

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