

INSTRUCTOR APPLICATION REFERENCE DOCUMENT

To be considered for the Mental Health First Aid instructor training, each instructor applicant is required to submit a reference document. No application will be reviewed until both the application and reference document have been received. Please note that references are subject to phone verification. By submitting this form, you are giving permission to Mental Health First Aid USA to contact your reference.

SELECTION OF REFERENCE

Please select an individual to complete this form who can attest to your suitability of becoming a Mental Health First Aid Instructor. It is important that this individual knows you and your work well enough to be able to thoughtfully and completely respond to the all questions below.

DIRECTIONS

Please share this document with your chosen reference. When completed, please have your reference return this form to you so that you can submit it with your application.

First name:	
Last name:	
Organization Name:	
Address:	City/State/Zip:
Email:	Phone:
How long have you known this applicant?	
What is your relationship to this applicant? (I.e. in what capacity have you known this applicant?)	
Please describe the role and responsibilities that you believe this applicant will be taking if he/she becomes a Mental Health First Aid Instructor?	
Why do you think this individual would be successful in training others in Mental Health First Aid?	
How would you describe the candidates' attitude towards people with mental illness and substance use disorders?	

Please rate the applicant in each of the areas below:					
	Poor	Below Average	Average	Very Good	Excellent
Knowledge of mental health					
Ability to effectively facilitate a full-day training with an audience of up to 30 people					
Ability to engage with audiences that are very diverse in terms of their knowledge-base and beliefs about mental health and substance use issues					