

Support Group Facilitator Training Application

Name: _____

Address: _____

Phone: _____

Email: _____

What type of group would you like to facilitate? (e.g. Down syndrome, autism)

We recommend that support groups are connected to an agency or group

Are you connected with a group or agency? Yes No

What agency or group are you with? _____

Who is your contact/supervisor at the agency? Name _____

Phone _____ email _____

We recommend that support groups have 2 co-facilitators

Do you have a co-facilitator? Yes No

If yes, what is that person's name _____

Phone _____ email _____

Is (s)he applying for this training? Yes No

Support Group Experience

I have attended a support group Yes No

I have facilitated a support group Yes No

Return completed applications to:

Fran Goldfarb fgoldfarb@chla.usc.edu

Application Deadline: January 19, 2018

