Your Personal Recovery Journey
Participant Registration Form

Name		
Home phone	Work phone	Cell phone
Can we leave a message? ☐ Yes		☐ No
Email address		
Home address (optional)		

Please tell us a bit about what interests you in taking part in the program?

If you are comfortable doing so, could you please share with us if you have been given a specific diagnosis or diagnoses.

How did you hear about the program? (check all that apply)

- ☐ My peer supporter/organization
- ☐ Poster
- ☐ Someone I know (e.g. friend, family member)
- ☐ My family doctor
- ☐ My psychiatrist
- ☐ A hospital
- ☐ Other service provider
- ☐ Media (newspaper, radio, TV)
- ☐ Website (which organization?)
- ☐ Other (specify):