Undertake training at CDAH

First Name

Last Name

Pronoun/s

Email

Phone

Are you a person with a disability? Yes or No

Are you an active member of CDAH? Yes, No or I don’t know

How would you like us to contact you? Email, phone call, text/sms, other

What training are you interested in? Introduction to Peer Support, Peer Facilitation, Peer Mentoring, Other

Do you have any comments or questions for us?