

# Peer Support Application



Please note that all information is kept confidential by Human Resources.

## Applicant information

---

Date

Name

Address

City

Province

Postal  
Code

Email

Preferred  
phone #

Alternate  
phone #

Current position title

Name of director at Canada Post

1. How many years have you been in a team leader role in Operations? Please provide dates.

2. Are you currently on a Performance Improvement Plan (PIP)?

Yes

No

3. Do you have personal experience relevant to the role of peer supporter?

Yes

No





4. Are you on a path of recovery and/or wellness and able to support others?

Yes No

5. Do you have experience providing support to peers in a formalized way?

Yes No

6. Do you agree to undergo a psychological assessment conducted by a third party prior to taking the peer supporter training?

Yes No

7. Do you agree to provide support to your peers on an as-needed basis upon completing the peer supporter training program?

Yes No

8. Please confirm that you understand that community and individual support will be provided to you as a peer supporter on a regular basis.

Yes No

## Peer support interest

---

Please fill out the following sections with as much detail as possible.

1. Why are you interested in becoming a peer supporter?





2. What do you hope to get out of this process?

3. What strengths would you bring as a peer supporter?

4. How long have you worked at Canada Post?

## Peer support experience

---

Tell us about your experience as it relates to providing peer support. Please provide as much detail as possible.

**Most recent role**

**Organization name**

**City**

**Province**

**Type of organization**

**Contact name at organization**





Phone #

Email

Start date

End date

Please provide details about your experience:

Number of years and months providing peer support (only fill in applicable sections):

On a full-time basis (30+ hrs per week):

Years

Months

On a part-time basis (12-29 hrs per week):

Years

Months

On a casual basis (less than 12 hrs per week):

Years

Months



Keep wellness  
in mind





Please provide the names and contact information of two references that know you in a role related or relevant to peer support.

Name

Phone #

Email

Name

Phone #

Email

