Peer Support Initiative Involvement Request Form - Peer Support Site Application

Thank you for your interest in getting involved in the Peer Support Initiative. Please read the program introduction and [Terms of Reference](https://www.doctorsofbc.ca/sites/default/files/peer_support_initiative_tor.pdf) prior to completing an application to ensure that you understand the commitment involved.

This form can be used by:

* Organizations interested in developing a local peer support program and require formal peer support training, OR
* Organizations with an existing peer support program interested in knowledge sharing and collaboration opportunities and do not require training.

Please complete the following form by **May 19th, 2023.**

If you have any questions or encounter technical difficulties, please email programs@physicianhealth.com.

**Peer Support Site Application**

Contact Information

**Name of organization(s):** Click or tap here to enter text.

**Contact Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

About your organization(s)

**Approximate number of physicians your organization(s) serves:** Click or tap here to enter text.

**Who does your organization serve (check all that apply):**

[ ]  Family Physicians

[ ]  Specialists

[ ]  Other, please specify:

**How would you describe the clinical setting of the majority of your physician members? (check all that apply)**

[ ]  Community-based

[ ]  Facility-based

[ ]  Other, please specify

**Which geographic regions does your organization(s) serve?**

Click or tap here to enter text.

Your interest and readiness

**Why are you interested in being a peer support prototype site? (You may include data to support a perceived need or any other insights, but this is not required)**

 Click or tap here to enter text.

**Please indicate the name and role of a medical or administrative leader who would support your local peer support program:**

Click or tap here to enter text.

**Does your organization have an existing physician wellness infrastructure which could support a local peer support program? (e.g. physician wellness sub-committee, physician wellness working group, etc.)**

[ ]  Yes

[ ]  No

**Please describe what this physician wellness infrastructure looks like:**

Click or tap here to enter text.

**Estimated number of peer supporters you would like to train:**

Please note that we may not be able to accommodate all requests due to a limited number of seats available at the peer support training.

Click or tap here to enter text.

**It is estimated that starting a local Peer Support Program may take 0.1 FTE of Physician Lead time and 0.2 FTE of administrative support time. Given the potential time involved, does your organization have the capacity to develop a local peer support program?**

[ ]  Yes

[ ]  No

**Would you be willing to accept potential inter-site peer support referrals?**

[ ]  Yes

[ ]  No

**We would like to begin developing the local peer support sites during Summer/Fall 2023 with the goal of launching the programs in Winter 2024. Does this timeline align with your other organizational activities and priorities?**

[ ]  Yes

[ ]  No

**Any other comments you would like us to consider?**

Click or tap here to enter text.