

Community Ambassador and Peer Worker Mental Health Feedback

Hello Peer and Health Ambassadors! Thank you for being part of the "Family Wellbeing Mental Health" 2 - day training. We learned and engaged in knowledge sharing through many activities. We would like to continue to provide this training in the future. Please complete this feedback form to make a difference to the training! We value your feedback and insights. 5 - 10 Minutes to Complete.

What is your role at Access Alliance? Please check off the box.

- Peer Community Outreach Worker
- Family Wellbeing Program Team Member
- East Effort Program Team Member

Please write your responses to the following questions:

🧠 Head: Thinking – Knowledge & Understanding
What is a new learning gained from the training?

❤️ Heart: Feeling – Emotional Impact
What part of the experience felt most meaningful to you? Why?

👐 Hands: Doing – Skills & Actions. How will you apply the knowledge and activities learned in your daily life or work?

👣 Feet: Moving – Direction & Future Intentions
How will you use what you've learned to support others?

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What topics were the most useful to you? (you can choose many options)

- | | |
|--|---|
| <input type="checkbox"/> Mind & Body Connection | <input type="checkbox"/> Supportive and Unsupportive Responses |
| <input type="checkbox"/> Self and Co-Regulation Using the Body | <input type="checkbox"/> Disclosures to Violence, Loss, and Grief |
| <input type="checkbox"/> Managing Stress and Trauma Triggers | <input type="checkbox"/> Boundaries, Personal and Professional |
| <input type="checkbox"/> Story Mapping | <input type="checkbox"/> Self Care Clay Activities |
| <input type="checkbox"/> Intentional Listening | <input type="checkbox"/> Principle Self Compassion |
| <input type="checkbox"/> Nature Scavenger Hunt Activity | <input type="checkbox"/> Session Handouts |

Please write your responses to the following questions:

What other topics would you have liked to learn more about?

Did you feel the training has equipped you with more skills and knowledge for your role at Access Alliance?

Yes

No

Unsure

Would you recommend this training to other staff at Access Alliance and other external agencies?

Yes

No

Unsure

Any Questions or Comments for the Facilitators?