



Clubhouse International

Creating Community: Changing the World of Mental Health

APPLICATION FOR CLUBHOUSE INTERNATIONAL TRAINING

Please mail, fax, or email this application to the appropriate Clubhouse International Training Base. A full listing of our Training Bases and their contact information can be found on our website at www.clubhouse-intl.org.

(Please print or type)

Name of Clubhouse International Training Base to which your Clubhouse is applying for Training:

Your Clubhouse/Agency Name:

Your Clubhouse/Agency Address:

Telephone Number:

E-mail address:

Clubhouse Director:

If the Director has had prior Clubhouse training, please note when and where:

Please check training session requested:

_____ **First Time Comprehensive Clubhouse Training (New Clubhouses)** **\$6,500 USD**
This includes training and housing for the Director, one staff member, one Clubhouse member, and a final week Board member or Auspice Agency representative.
The fee includes a post-site visit to the Clubhouse for onsite consultation and assistance, approximately nine months after the training.

_____ **Comprehensive Clubhouse Training (Established Clubhouses)** **\$4,500 USD**
This includes training and housing for one staff member, one Clubhouse member and a 3rd week Board member, Director or auspice agency representative. This fee may include a post-site visit; however, Clubhouses requesting the visit will be responsible to pay expenses exceeding \$500.00 USD

Additional participants for the entire training period = \$2,000 USD per person
Additional Administrators for the last week of training = \$900 USD per person

_____ **One Week Specialized Track** **\$2,000 USD**
This includes one staff member and one Clubhouse member.
Additional participants = \$900 USD per person

Type of one week specialized training: _____

_____ **Three day Orientation/Overview Visit**

\$1,000 USD

This includes training and housing for two participants
Additional participants = \$500 USD per person

Dates of Training requested: _____

Please list the names and Clubhouse position (member/staff/director) of the individuals to participate in this training:

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Administrators for last week Administration Track of Two and Three Week Comprehensive Training (if applicable)

Name: _____ Position: _____

Name: _____ Position: _____

Training reservations will be confirmed when a completed application and a non-refundable deposit of 50% of the tuition is received. The non-refundable deposit is applicable for the confirmed dates only. Final payment is due ten days prior to arrival.

Clubhouse Director Signature: _____ Date: _____

Name of Auspice Agency (if applicable)

Authorized representative of the Auspice Agency

Name: _____

Signature: _____ Date: _____

Thank you for your application and we will be in contact with you in the near future.

Please visit www.clubhouse-intl.org for more information.