

## FRASER HEALTH YOUTH PEER SUPPORT TRAINING REFERENCE

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Email to: [youthpeersupport@fraserhealth.ca](mailto:youthpeersupport@fraserhealth.ca)

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**Name of Applicant:** \_\_\_\_\_

**Reference Name and Title:** \_\_\_\_\_

**Reference Phone:** \_\_\_\_\_

The person named above is applying for training required for the providers of peer support services within Fraser Health's mental health services for youth. By drawing on their own lived/living experience of mental health and/or substance use challenges, the Youth Peer Support Worker is an integral part of service delivery, offering peer-based mentoring and emotional support, while working collaboratively with youth, their families, and members of the care team. Peer support workers advocate for the youth voice, and serve as a model of hope for wellness and recovery. The Youth Peer Support program builds recovery-based knowledge, skills, and strengths through group-based learning and supervised practicum placements to prepare participants to become certified Peer Support Workers.

\*Please note, we will be contacting each reference for a brief reference check by phone following a successful interview with the candidate.

**We appreciate your help so we can gain a better understanding of the applicant.**

1. How long and under what circumstances have you known the applicant?

2. In your opinion, is the applicant in a place of wellness that allows them to take on peer support work? Do they have self-management strategies and support from others in place?

3. What are some strengths or qualities the applicant could bring to the role of youth peer support worker?

4. What skills or areas need to be strengthened for this candidate to succeed as a Peer Support Worker?

5. Please rate the applicant in the characteristics listed below on a scale of 1 to 5 where:

**1 – Not a strength; 2 – Okay; 3 – Good; 4 – Very Good; 5 – Exceptional**

Characteristics	1	2	3	4	5	Comments
Able to initiate/establish relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work collaboratively with co-workers and clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates willingness and a desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compassionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts direction graciously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deals effectively with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conscientious and reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Has the applicant ever displayed any behaviours you feel would be a concern in working with other young people?

7. Is there anything else you would like to add?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

