



OPFFA

OFFICE
Yonge & Wellesley Offices on the Park,
Suite 333, 15 Wellesley Street West,
Toronto, ON, M4Y 0G7
(905) 681-7111
Fax (905) 681-1489

ONTARIO PROFESSIONAL FIRE FIGHTERS ASSOCIATION

PEER SUPPORT COURSE APPLICATION

October 2-5, 2023 • Toronto

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| INSTRUCTIONS | A-Local Information | B-Organizational Capacity |
| C-Workforce Development | D-Evidence of Project Need | E-Expected Outcomes |
| F-Application Contact Information | G-Course Registrant Information | |

A-LOCAL INFORMATION

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|-------------------|-------------------|
| LOCAL NAME: | UNIT NUMBER: |
| STREET ADDRESS 1: | STREET ADDRESS 2: |
| CITY/TOWN: | POSTAL CODE: |

B-ORGANIZATIONAL CAPACITY

| | |
|---------------------------------|---|
| NUMBER OF CAREER FIREFIGHTERS: | NUMBER OF VOLUNTEER FIREFIGHTERS: |
| POPULATION YOUR LOCAL SUPPORTS: | LOCAL SIZE: Small (under 20 members) Medium (21-40 members) |

C-WORKFORCE DEVELOPMENT

In the space below, describe the economic and/or geographic barriers your local experiences with respect to professional development and skills training opportunities, and how this program will help alleviate those barriers through the provision of an OPFFA subsidized Peer Support course.

D-EVIDENCE OF PROJECT NEED

In the space provided, please describe how and why this training would be beneficial to your Local.





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E-EXPECTED OUTCOMES

Program objectives include a permanent skill transfer as well as building capacity for employers.

In the space provided, please summarize participation in this program will help the OPFFA achieve its program objectives. For clarity, how will the knowledge and skillset of the new Peer Supporter will be utilized in your Local?

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F-APPLICATION CONTACT INFORMATION

| | |
|-----------------------|----------------|
| FIRST NAME: | LAST NAME: |
| ROLE/TITLE: | EMAIL ADDRESS: |
| PRIMARY PHONE NUMBER: | |

G- COURSE REGISTRANT INFORMATION

CANDIDATE #1

| | |
|-----------------------|----------------|
| FIRST NAME: | LAST NAME: |
| PRIMARY PHONE NUMBER: | EMAIL ADDRESS: |

CANDIDATE #2

| | |
|-----------------------|----------------|
| FIRST NAME: | LAST NAME: |
| PRIMARY PHONE NUMBER: | EMAIL ADDRESS: |

CANDIDATE #3

| | |
|-----------------------|----------------|
| FIRST NAME: | LAST NAME: |
| PRIMARY PHONE NUMBER: | EMAIL ADDRESS: |

CANDIDATE #4

| | |
|-----------------------|----------------|
| FIRST NAME: | LAST NAME: |
| PRIMARY PHONE NUMBER: | EMAIL ADDRESS: |

PLEASE EMAIL YOUR COMPLETED APPLICATION FORM TO Admin@ontariofirefighters.org

