



## **Living Well Leader Training – Action Plan- Additional Application Form**

This form is to be completed and returned prior to the training.

All leader applicants must have a workshop scheduled before attending the training.

The Living Well Coordinator can help you complete this. Please reach out. We will help you with this process.

We want you to be successful!

\*Only one form needs to be completed per pair of leaders attending.

Leader (s) Name (s) : \_\_\_\_\_

|   |  |
|---|--|
| <b>Where will I lead a workshop in my area?</b> <i>(Location/room- address)</i>   |  |
| <b>When will I lead my first workshop?</b> <i>(Dates/time- 6 weeks at 2.5 hours each week)</i>                                      |  |
| <b>Who will co-lead with me?</b><br><b>AND</b><br><b>Who be the backup leader in the even my co-leader or I can't be there.</b>     |  |
| <b>Who will participants call/email to register for the workshop?</b>   |  |
| <b>How/Where will I recruit participants?</b>   |  |
| <b>Are there any physician/provider champions in the area and how might they help as part of a referral network to the program?</b> |  |
| <b>What partnerships will help me move the Living Well Program forward in my community?</b>   |  |

**Additional/Questions/Notes:**