

**Southern NH Area Health Education Center and
the Institute of Disability / UCED
with funding from the
NH Vocational Rehabilitation Bureau
present**

Registration
available at
www.snhahec.org
under
"upcoming
events"

Behavioral Health Career Exploration

**Be a part of the Health Care Workforce Pipeline.
Build the skills needed by social workers, nurses, physicians,
psychologists, care coordinators and others.**

**JOIN us and EXPLORE careers that contribute to the health of
our residents and impact their quality of life.**

**You can participate in some award winning programs and see
professionals in action through field experiences.**

**Registration is \$ 400. A limited number of scholarships are available.
Support from the NH Vocational Rehabilitation Bureau is available for
eligible students.**

**Trying to decide on a career path or a course of
study?**

**Students ages 16 to 21 may benefit from this weeklong
exploration of careers in behavioral health.**

**Students with disabilities who currently receive
support or assistance through an IEP, 504 plan, SSDI, a
mental health clinic or school guidance counselor may
also be eligible for Vocational Rehabilitation services
which include a registration fee waiver.**

DATES:

July 17-21, 2017

**Manchester Community
College
8:30am-3:30pm**

For Students ages 16 through 21

What will I be doing during the week?

- learn about the employment options in the Behavioral Health field
- participate in a variety of behavioral health-related programs, such as Substance Abuse Prevention, Signs of Suicide and Mental Health First Aid, Motivational Interviewing,
- learn the fundamentals of confidentiality, wellness and ethics, and see some professionals in action – Art Therapy, Equine Therapy and Legislative Advocacy.



**DAILY BUS TRANSPORTATION TO MCC WILL BE AVAILABLE TO & FROM CENTRAL
AND WEST HIGH SCHOOLS. THE PROGRAM GOES FROM 8:30AM TO 3:30P DAILY.**

**If interested in learning more, please contact Gina Savinelli at
gsavinelli@snhahec.org or 603-895-1514 x2**

NH Office of Health Equity

Institute on Disability/UCED



Behavioral Health Career Exploration 2017 - Registration Form
July 17-21, 2017

Registration Fee: \$ 400 – full scholarship and fee waiver opportunities available

Student Name: _____ **Date of Birth:** _____

Address (town,state, zip code) _____

Phone: _____ **Email:** _____ **The best way to reach me is by (choose) Phone () Email ()**

Are you Hispanic, Latino/a or Spanish origin (please check one) No () Yes (), and see below:

Hispanic () Latino/a () other Spanish origin () please state: _____

What is your race? (please check one)

Black or African American () American Indian or Alaska Native ()

Asian: Chinese, Filipino, Japanese, Korean, Asian Indian, Thai, Vietnamese ()

Asian (Other than above) () Please state: _____

Native Hawaiian or Pacific Islander () White () Unknown () More than one race ()

What is your gender? _____

What year did you begin high school: _____ **What grade are you entering in the Fall, 2017:** _____

If you will attend a post-secondary program, check the appropriate type:

Trade School () College ()

Note1: Documentation may be necessary to receive a registration fee waiver. Please see the end of this form for details.

Please check all that apply to you:

I have a disability(ies); please state: _____

Note2: Some disabilities may make you potentially eligible for services. Please see the end of this form for details.

I have an IEP () I have a 504 plan ()

I receive mental health services ()

I get assistance from my school guidance counselor ()

I will need an accommodation to participate in the program. Yes () No ()

Accommodations I may need include (Check all that apply and explain):

() Dietary restrictions: _____

() Emotional support: _____

() Language interpreter: _____

() Healthcare Aid: _____

If you have already participated in an IMPACCT or Pre-ETS job exploration or counseling workshop, which one(s)? 1. _____ 2. _____ 3. _____

Student: _____

(student must be 18 or older to sign)

Parent/Guardian: _____

School representative: _____ **Title:** _____ **School:** _____

Notes on additional documentation requirements, potential eligibility for services & financial support.

1. For students who seek to qualify for the Vocational Rehabilitation registration fee waiver, and who will be entering a trade school program or college, you are required to submit proof of enrollment with this registration form.
2. There are some disabilities that make you, the student, potentially eligible for Vocational Rehabilitation services, which include waiving the registration fee of \$400. Potentially eligible students may be required to submit additional documentation.
3. The general registration fee is \$400, payable by check or credit card prior to the event.

FOR DETAILS AND QUESTIONS: contact Gina Savinelli at 603-895-1514 x2, or gsavinelli@snhahec.org