



MENTAL HEALTH
COMMISSION
OF CANADA

MHFA Supporting Older Adults Facilitator Agreement

In consideration of receiving training from Opening Minds (“OM”) to deliver the Mental Health First Aid (MHFA) Canada Supporting Older Adults program (the “Program”), the receipt of which is acknowledged, I, _____ hereby agree as follows:

1. None of the documents, manuals, books, information, or other materials provided to me in the course of my training or at any other time that relate to the Program (collectively, the “Materials”) may be reproduced in any form, in whole or in part, without the express written permission of OM, Betty Ann Kitchener and Anthony Francis Jorm (collectively, “the Copyright Holders”).
2. The Materials shall not be amended or varied in any manner by me without the express written permission of the Copyright Holders. I acknowledge that this restriction is essential to maintain the integrity of the Program and the Materials.
3. I acknowledge that unauthorized variations to the Materials could lead to adverse effects on the Program participants, and I hereby indemnify the Copyright Holders from any actions, proceedings, suits, or liability that may arise or be suffered by them by virtue of my unauthorized alteration of the Materials.
4. The Copyright Holders shall not be liable for any of my actions, errors, or omissions in delivering the Program.
5. I acknowledge that when I deliver the Program, I am doing so individually (or on behalf of my employer) and not on behalf of OM or any of its affiliates, subsidiaries or assigns and that while OM is responsible for the content of the Materials, I am (or my employer is) solely responsible for any liability arising from my conduct of the Program and any claim that a participant in the Program may have as a result of my (or my employers) acts or omissions. I hereby indemnify and agree to hold OM and its affiliates, successors and assigns harmless from any and all claims arising from my acts or omissions, in respect of my conduct during the delivery of the Program. I hereby release the OM, its affiliates, successors and assigns from all such liabilities and claims.
6. I acknowledge that I have been advised by the OM that I (or my employer) should maintain appropriate insurance (such as comprehensive general liability insurance) to address any such liabilities or claims.
7. When delivering the Program, I will: (i) do so in a competent, diligent, and prudent manner; and (ii) use the most current version of the Materials that the OM has provided to me.
8. Only those participants who attend the full course will be deemed to have successfully completed the course and therefore be eligible to receive a certificate. Participants must complete the course with the same group for the duration of the course.
9. I will send the following to MHFA, within 7 days of completion of each MHFA course, to receive credit:
 - a. Attendance
 - b. Participant Feedback Forms (for face-to-face blended course delivery only)
 - c. Peer feedback forms (required for facilitators with co-facilitator status)
10. I acknowledge that if concerns arise from evaluations and/or other feedback, my status as a certified facilitator may be suspended or revoked.
11. If the outcome of the facilitator training is co-facilitator status, I acknowledge that I will be considered a co-facilitator until I have co-facilitated the Program three times, and participant/peer feedback is reviewed. An email will be received indicating a change of status once the feedback is reviewed. If concerns arise from evaluations and/or other feedback, my status as a co-facilitator may be extended, suspended, or revoked.
12. I agree to master the Materials to the level and quality of delivery that I have been trained.
13. The program can be delivered as follows:
 - a. Supporting Older Adults blended course (10 hours) can be delivered virtually:
 - i. Learner led module must be completed prior to attending the facilitator led portion:
 - 1 module per day (2 sessions of 4 hours) – facilitated within 2 weeks

- Module 2 & 3 in one day (total of 8 hours – not including lunch)

14. I acknowledge that the course delivery type (face-to-face or virtual) that I can deliver is the same as the Facilitator Certification Training, I completed. To deliver the other course delivery type, I am required to complete an upskill training offered by OM successfully. Each course delivery type has a respective upskill training journey.
15. To maintain certification, I must deliver the Program at least three times per year. The facilitator year is determined by the month of the facilitator training, i.e., if I attend a facilitator training in March, then I must deliver three courses by the end of March each following year.
16. By signing this agreement, I agree to abide by the following guidelines:
 - a. Group size for virtual blended course delivery: 8-15 participants
 - b. Group size for face-to-face course delivery: 8-25 participants
 - c. Credit is not given for groups with fewer or more participants than the required group size range, as elaborated by the virtual blended or face-to-face course delivery.
 - d. Maximum 2 facilitators for all course delivery.
 - e. When co-facilitating:
 - i. All facilitators must be present for the entire course regardless of how the course is delivered. No exceptions.
17. I acknowledge that should I be certified in more than one MHFA program, I must deliver a minimum of 4 courses per year, based on certification month – with at least 1 course from each program.
18. I will either retain or return any Materials provided to me by the Copyright Holders but will not sell or otherwise transfer such materials to any third party. Only authorized Program facilitators may use the Materials provided.
19. I agree that should I have any concerns, recommendations, or suggestions about the Program, I will promptly provide this such feedback to OM.
20. I acknowledge that I will have reasonable access to the OM team for support and coaching.
21. I am responsible for communicating my updated contact information to OM.
22. I finally agree to (i) adopt any updates or modifications to the Program provided to me by OM in writing; (ii) undergo additional training requested by the OM; (iii) abide by any requirements of OM provided to me in writing; and (iv) become requalified to deliver the Program if requested by OM.

I understand that any breach of the foregoing provisions may result in the suspension of my qualifications and/or the revocation of my qualification to deliver the Program by OM.

In witness where of the parties have hereinto executed this Agreement as of the day and year noted.

Facilitator Name

Date

Julie Donaldson
Director, Program Delivery
Opening minds

Date