

# CHILDREN'S MENTAL HEALTH ONTARIO CONFERENCE APPLICATION FORM

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**Deadline:** June 11, 2024

**Contact:** Rosemary Judd-Archer  
Rosemary.Judd-Archer@osstf.ca

## A. Identification

**Name:**

**Full address:**

**Home phone:**

**Cell phone:**

**Personal email:**

**Job title:**

**Work site:**

**B. Expertise—Demonstrated knowledge of the role of PSSP members in providing school-based mental health services (provide examples).**

**C. Experience—Working with colleagues in a collaborative manner (provide examples).**

**D. Describe the message that you believe OSSTF/FEESO should be sharing with community mental health agencies about the role of school-based mental health providers.**