

**PARTICIPANT APPLICATION: PEER EXCHANGE PROGRAM**

**Overview:** The Society of Practitioners of Health Impact Assessment (SOPHIA) offers a range of opportunities for its members to learn from one another, including a [mentoring program](https://sophia.wildapricot.org/Locate-an-HIA-Mentor), networking events at conferences and meetings, and an [online member directory](https://sophia.wildapricot.org/directory). As part of its efforts to foster connections between all its members, SOPHIA is piloting a peer exchange program. While SOPHIA will develop the curriculum and facilitate the exchange, the program will be self-funded. Please find below a *Participant Application*. For more information about the program, please read *SOPHIA Peer Exchange Program Manual* located at <http://sophia.wildapricot.org/Peer-Exchange-Program>

**Instructions:** Please complete the application and submit it to the Peer Exchange Program contact Tatiana Lin at tlin@khi.org. If you have any questions, please call 785-233-5443.

| **APPLICATION TO PARTICIPATE IN THE PEER EXCHANGE PROGRAM** |
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| First and Last Name of the Participant  |  |
| Address (street, city and zip code) |  |
| Country |  |
| Email |  |
| Phone |  |
| Languages spoken  | [ ]  English [ ]  French [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Spanish [ ]  German |
| 1. **EXPERIENCE**
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| I have experience in the following areas.  | [ ]  only HIAs [ ]  only HiAP efforts [ ]  Both (HIAs and HiAP) |
| Please describe your HIA/HiAP experience (e.g., type of efforts, your role).  |  |
| 1. **EXCHANGE PROGRAM**
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| Reasons for participating in the Peer Exchange Program. Why are you interested? (*Please describe*) |  |
| What are you interested in building your expertise in?  | [ ]  only HIAs [ ]  only HiAP efforts [ ]  Both (HIAs and HiAP) |
| Which of these services are you interested in receiving or building capacity in during the exchange program?*Check all that apply.* | [x]  Leadership and project management duties [ ]  Financing and budgeting[ ]  Building an HIA/HiAP team [ ]  Interactions with community members/stakeholders[ ]  Interactions with elected officials/decision makers [ ]  How the HIA/HiAP tool (s) work [ ] Deep dive into specific HIA steps [ ]  Screening [ ]  Scoping [ ]  Assessment [ ]  Recommendations [ ]  Reporting [ ]  Evaluation/ Monitoring [ ]  Communications – development of HIA/HiAP communications plan, including working with media, stakeholder engagement, and more[ ]  Becoming an HIA/HiAP TA provider[ ]  Deep dive into specific HIA/HiAP topic areas [ ]  Learn how to conduct HIAs/HiAP efforts in different settings/context[ ]  Learn how to conduct different types of HIAs/HiAP efforts such as health note, health lens analysis [ ]  Learn how to create a HiAP Task Force[ ]  Other (please indicate )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Would you like to participate in the exchange program virtually or in person?  | [ ]  Virtually [ ]  In person [ ]  Virtually and In person  |
| 1. **VIRTUAL PROGRAM**

**(If you are planning to participate only in person, please skip to section D).** |
| Which web conferencing platform do you prefer to use?  | [ ]  Skype [ ]  Zoom [ ]  Microsoft Team [ ]  Webex [ ]  Uber Conferencing [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When would you like to participate in the program? If you know a specific month and year, please list here.  | [ ]  Summer [ ]  Fall [ ]  Winter [ ]  Spring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How long would you like your program to last?  | [ ]  several weeks but less than 1 month [ ]  1-3 months [ ]  4-6 months [ ]  7-12 months  |
| How many hours each week would you like to contribute to the exchange program?  | [ ]  1 -3 hours [ ]  4-8 hours [ ]  9-12 hours [ ]  more than 12 hours  |
| From which time zone will you be participating in the exchange? | **For U.S. Based Participants** [ ]  Central Daylight Time[ ]  Mountain Daylight Time[ ]  Mountain Standard Time[ ]  Pacific Daylight Time[ ]  Alaska Daylight Time[ ]  Hawaii-Aleutian Standard Time**For International Participants** [ ]  Other (please indicate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **IN PERSON PROGRAM**
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| How long would you like your program to last?  | [ ]  1 -3 days [ ]  4-8 days [ ]  9-12 days [ ]  Other\_\_\_\_\_\_\_\_\_ |
| In what setting would you like to be during the exchange program? *Check all that apply.* | [ ]  in office (learning and activities will happen in the office-based setting) [ ]  in the field (learning and activities will happen outside of the office) [ ]  hybrid (learning and activities will be conducted in the office-based setting and in the field)  |
| What accommodations would you like to be offered by the organization? *Check all that apply.* | [ ]  separate office [ ]  computer [ ]  meals[ ]  desk [ ]  transportation [ ]  mentor |
| What types of after-work activities would you be interested in participating with the host site staff? | [ ]  Dinner at a local restaurant [ ]  Visiting local attractions [ ]  Outdoor recreation [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The host site might offer the program participant to stay with someone from the host site or one of their partner organization. Would you be interested in staying with a “host”? | [ ]  No [ ]  Maybe [ ]  Yes |
| Do you have any special requirements including dietary restrictions or preferences? | [ ]  No [ ]  YesPlease describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What else would you like the host organization to know about you?  |  |

**Note:** Although SOPHIA will make every effort to ensure that the host site offers a quality experience to an exchange participant, it cannot guarantee or be liable for any cause whatsoever that may arise out of or in connection with the services of this HIA Exchange Program.  In addition, by engaging in this exchange program, you agree to hold harmless the SOPHIA organization, its directors, officers, employees, agents, volunteers, assigns, and successors (hereinafter, “the protected parties”) from all liability from any cause whatsoever.