**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](mailto:tlin@khi.org). If you have any questions, please call 785-233-5443.

|  |  |  |
| --- | --- | --- |
| HIA PEER EXCHNAGE PROGRAM: PROGRAM PARTICIPANT | | |
| First and Last Name of the Participant |  | |
| Address (street, city and zip code) |  | |
| Country |  | |
| Email |  | |
| Phone |  | |
| Languages spoken | English  French  Other\_\_\_\_\_\_\_\_\_\_\_\_\_  Spanish  German | |
| **EXPERIENCE** | | |
| How many years have you been working in the HIA field? | less than 1  1 – 2  3-5  6 – 10  11 or more | |
| What type of HIA work have you been engaged in?  *Check all that apply.* | Conduct HIAs  Teach HIA courses  Conduct HIA trainings  Provide HIA TA/mentoring  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| How many HIAs have you completed? | None  1 – 2  3-5  6 or more | |
| What were the subjects of your HIAs?  *Check all that apply.* | Built Environment  Transportation  Education  Natural Resources  Climate Change | Food and Agriculture  Labor and Employment  Economic Policy  Environment  Criminal Justice issues  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A |
| At which level did you conduct an HIA(s)? | Local  State  Federal  N/A | |
| Have you conducted an HIA(s) outside of the United States? | No  Yes (list countries)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | |
| **EXCHANGE PROGRAM** | | |
| Reasons for participating in the Peer Exchange Program. Why are you interested? (please describe) |  | |
| Where would you like to travel for your exchange program? | Locally  State  Federal  Internationally | |
| When would you like to participate in the program?  If you know a specific month, please list it in the next column. | Summer  Fall  Winter  Spring  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Which of these services are you interested in receiving or building capacity in during the exchange program?  *Check all that apply.* | Leadership and project management duties  Financing and budgeting  Building an HIA team  Interactions with community members/stakeholders  Interactions with elected officials/decision makers  How the HIA tool works  Deep dive into specific HIA steps  Screening  Scoping  Assessment  Recommendations  Reporting  Evaluation/Monitoring  Communications – development of HIA communications plans including working with media, stakeholder engagement, and more  Becoming an HIA TA provider  Deep dive into specific HIA topic areas  Learn how to conduct HIAs in different settings/context  Learn how to conduct different types of HIAs | |
| How long would you like your program to last? | 1-2 days  3-4 days  5-7 days  8-10 days | |
| 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 a “host” family while visiting the site. Would you be interested in staying with a “host” family? | No  Maybe  Yes | |
| Do you have any special requirements including dietary restrictions or preferences? |  | |
| 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.