

RIFFA Academy

LOOK: A Mental Health/Film Initiative - Application

GENERAL INFORMATION

LOOK is focused on providing those with a mental illness an opportunity, with the support of mental health practitioners and members of the film and teaching community, to express themselves creatively through making short films or documentaries. Students will be exposed to the vocational skills needed for careers in TV and Film. At LOOK our program offers you an opportunity to realize your vision and to bond with others.

LEARNING ENVIRONMENT

The environment is designed to be inclusive, collaborative, supportive and sensitive to the special and individual needs of the students. Students will be encouraged to collaborate with each other and with instructors, providing support and feedback to help shape each project.

PROGRAM DURATION

The LOOK program runs for 16 weeks with a week break halfway through. Classes are on Saturdays from 10:00 a.m. until about 2:30 p.m.

YOU & LOOK - COMMITMENT

Your commitment is the key to unlocking your own success, a sense of accomplishment and the success of your fellow students and LOOK volunteers. Weekly attendance is essential. We expect attendance at all classes unless there are valid reasons (mental health issues, other illness, etc.). If you are to miss a class, you must inform your instructor in advance.

Over and above the weekly classes you will need to commit some time during the week to work on your film projects, with the assistance of a LOOK mentor. A great or even good short film or documentary needs time to produce. The weekly classes are for learning and the week in between is for doing.

Before applying for the LOOK program, we encourage you to visit our website at https://www.lookfilms.ca It provides detailed information on the program and has some of the films from past student work in the LOOK program.

TECHNOLOGY

Making a film is partly reliant on technology. You require some basic computer skills to begin to learn and experiment with picture editing using Adobe Premiere Pro and some experience with basic cameras and a desire to extend that knowledge into using high end video and still cameras.

APPLICATION

- The purpose of the process is to ensure all students meet the eligibility requirements;
- Any charges incurred for completing this form or for obtaining additional information are the responsibility of the applicant;
- The completion of the application form does not guarantee eligibility;
- Only applications which are fully completed and signed will be considered for approval.

Click here for an application form

There are two parts to this application, **Part A** and **B**. **All applicants must complete Part A**. **Part B** must be completed and signed by a qualified health care practitioner familiar with your care (social work, nurse, occupational therapist, physician).

Please mail completed application forms to:

Teneille Herron (BSW, RSW)

Mental Health and Addictions Services
(SHA)

Regina Mental Health Clinic

2110 Hamilton Street, Regina, SK S4P 2E3

Or e-mail to
Teneille.Herron@saskhealthauthority.ca

For more program information, please contact us at academy@riffa.ca



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Part A: Applicant Information

Last Name: _____ First Name: _____

Date of Birth (DAY/MONTH/YEAR):_____ /_____ / _____

Male: ___ Female: ___ I identify my gender as: _____

Preferred Pronouns (if any):_____

Address: _____

City: _____ Postal Code: _____

Home Phone Number: (___) -_____

Cell Phone Number: (___) -_____

Email: _____

Highest level of education completed: _____

Release of Information

I, the applicant, understand the purpose of this application form is to determine my eligibility for the Mental Health Film Initiative Program (LOOK). I agree to release the information requested to LOOK. I understand that the information contained herein will be treated confidentially.

Applicant Signature and Date

_____

PART B: LOOK External Assessment

To be completed by a Health Care Practitioner (Occupational Therapist, Social Worker, Nurse, Psychologist, Physician). **This person cannot be a family member.**

PART B consists of a checklist of 13 items, and takes only a couple of minutes to complete. Each item is described in three ways, reflecting low, medium, or high barrier conditions to participating in a vocational program. To determine an applicant's level of vocational readiness, simply circle the observation that applies for each item. When in doubt, use your professional discretion to make the distinction between low vs. medium or medium vs. high.

Applicant's Name: _____

	LOW or NO BARRIER	MEDIUM BARRIER	HIGH BARRIER
1. Formal Education	☐ High school diploma or equivalent; or completed some college or university courses	☐ Partial high school completed	☐ Less than grade 8 completed
2. Literacy	☐ Able to read and write in English at a high-school level	☐ Able to read and write in English at a public school level; has some difficulty with writing and spelling	☐ Cannot read or write in English at all; or reading limited to simple words or sentences
3. Language	☐ Is able to speak English very well or fl ently	☐ Able to express and understand basic, everyday communication in English (ex:	☐ Unable to converse in English without interpreter

		instructions, simple conversation	
4. Status of Employment	☐ Has held full or part time employment within the last 2 years or has attended a formal education program either full or part time in the last 2 years	☐ Has not held full or parttime employment in 2-4 years or has not attended a formal education program in the last 2-4 years.	☐ Has not held full or parttime employment in 5 years or has not attended a formal education program in the last 5 years.
5. Residence	☐ Has a permanent address	☐ Is living temporarily at an address	☐ Living in emergency or institutional setting (ex:. shelter, hospital), or reports no fixed address/homeless or facing eviction
6. Child Care	☐ Satisfactory child care is currently both available and accessible, or N/A	☐ Satisfactory care is available but unreliable	☐ Satisfactory child care is unavailable or inaccessible

	LOW or NO BARRIER	MEDIUM BARRIER	HIGH BARRIER
7. Telephone	☐ Has a home telephone or cell phone	☐ No home or cell phone but reliable message system	☐ No home or cell phone or reliable message system
8. Financial Status	☐ Current financial support is sufficient	☐ Current financial support is sufficient but time limited (ex: Employment Insurance, sick leave)	☐ Does not have sufficient financial support
9. Family and/or Social Supports	☐ Family or circle of friends that is stable and supportive of vocational training	☐ Ongoing family or friend difficulties that do not prevent but may hinder vocational training	☐ No positive family or social supports outside of that provided by professionals

10. Physical Health	☐ Minor or no physical health problems that restrict type or length of physical exertion	☐ Health problems under control, but may restrict type and length of physical exertion to some extent	☐ One or more health problems that severely restricts type and length of physical exertion
11. Mental Health	☐ Current mental health considered stable (ex: under periodic care or supervision)	☐ Current instability in mental health may interfere with participant's ability to fully commit to vocational training. Participant seeking mental health treatment.	☐ Hospitalization for mental health within past year; or mental health may interfere with vocational training but person unwilling to seek professional help
12. Drug or Alcohol Problems	☐ No alcohol or drug abuse; or full recovery for 1 year or longer	☐ Is currently in treatment for substance use or in recovery for less than 1 year	☐ Ongoing issues with alcohol or drugs and not seeking treatment
13. Legal	☐ No conviction record or court dates pending	☐ Conviction record is not recent	☐ Recent conviction for a severe offence and/or has court appearance in near future

B: LOOK External Assessment

LOOK is a vocational program specifically for individuals with a mental health diagnosis. Does the applicant have a current mental health diagnosis which they are receiving supervision or periodic care for?

YES☐ NO☐

Contact information for health care practitioner who completed PART B.

Name (print):_____

Signature:

_____

Date: _____

Relationship to Applicant: _____

Qualifications: _____

Address: _____

Phone: _____

How long have you (or your agency) known the applicant's condition? _____

Other Information relevant to application and student's ability to participate:

_____

_____

_____

_____

OFFICE USE ONLY:

LOW OR NO BARRIER: ____/13 MEDIUM BARRIER: ____/13 HIGH BARRIER: ____/13

The barrier under which most observations fall indicates the overall level of vocational barriers being experienced by the client. Those scoring highest in the low or now barrier will be considered to have a greater vocational readiness than those scoring greater in medium or high barriers.