

## Application for Consideration for Place on ASIST Workshop

(Applied Suicide Intervention Skills Training)

**HSE West – Galway, Mayo and Roscommon**

Please complete in block capitals. All questions must be answered. Please return this form to Mary McGrath, Resource Officer for Suicide Prevention, HSE West, Room S23, Primary Care Centre, Golf Links Road, Roscommon. Tel 090 66 65071, E-mail: [mary.mcgrath9@hse.ie](mailto:mary.mcgrath9@hse.ie).

**Note: Sometimes ASIST workshops are run in partnership with other local statutory, community and voluntary groups. They may require some participant details for their own accounting and recording procedures.**

**Have you already completed an ASIST workshop? Yes No**

If you have already completed this programme, please enquire instead about the half day refresher course, ASIST Tune-up

**First name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

Applicants **cannot** send someone else in their place

**Name to appear on certificate of attendance (if different from above):** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Home address:** \_\_\_\_\_

**E-mail :** \_\_\_\_\_

**Mobile number:** \_\_\_\_\_

**Other contact number for you** (not Reception), for example, work or home number: \_\_\_\_\_

**Contact Name** (in case of an emergency) \_\_\_\_\_ **Contact Number** (in case of an emergency) \_\_\_\_\_

Age group (years)	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
(Please tick <input type="checkbox"/> )											

In filling out the section below, please be guided by the main reason you are applying for this training, for example, in your work capacity, your role with a voluntary organisation, as a student, and so on.

Sector (please tick one only)	Organisation / employer (for example, HSE, Tusla)	Job title / Role
Health		
Education		
Social work		
Youth work		
Community work		
Justice (e.g. Gardai)		
Defence (e.g. Army)		
Civil service (e.g. Govt Dept.)		
Local authority (e.g. County Council)		
Agriculture		
Sports organisation / club		
Unemployed		
Student		

Where is your preferred location to do the course? Galway Co. Galway City Mayo Roscommon

Other suicide prevention training completed to-date: \_\_\_\_\_

Briefly – why are you interested in this course?

\_\_\_\_\_  
\_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

I have read the Background Information on ASIST and I am happy that it will meet my needs for suicide intervention skills training. Yes No

I am over 18 years of age. Yes No

Have you been affected by suicide or bereaved by suicide or any other loss in the last year. Yes No

I understand the material covered in this workshop is emotional in nature. Yes No

I am personally ready to participate in this workshop. Should this change I will notify the organisers. Yes No

I understand role play (practice skills) is part of this workshop. Yes No

I understand that there is an expectation for me to use the skills learned during this workshop to contribute to making my community more suicide safe. Yes No

I understand that I must attend this workshop for two full days, and that I must arrive on time. Yes No

Where applicable, I agree not to wear my work uniform to this training. Yes N/A

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please note participants must attend the entire workshop (two full days 9:00 am to 5:00 pm) otherwise certificates will not be awarded***