

Application for consideration of place on 'Understanding Self Harm' Workshop

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.

Name: _____

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 ✓)											

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 Mayo Roscommon

Other suicide prevention training to-date:

Briefly – why are you interested in this course? _____

I have read the Background Information on 'Understanding Self Harm' and I am happy that it will meet my training needs. Yes No

I am over 18 years of age. Yes No

Have you been affected by self harm, 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 that I must attend this workshop for one full day, 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, otherwise certificates will not be awarded.