

Application for consideration on a safeTALK 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.

Note: Sometimes safeTALK workshops are run in partnership with other local statutory, community and voluntary

Have you already completed an Applied Suicide Intervention Skills Training (ASIST) workshop?

Yes No

NOTE: If you have already completed the ASIST programme, please do **NOT** apply for this course, instead please enquire about the half day refresher course, ASIST Tune-up.

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, a work or home number

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		

Next of Kin Name: _____
(This information is required in case of an emergency)

Next of Kin Number: _____

Other suicide prevention training completed to-date:

Briefly – why are you interested in this course?:

I have read the Background Information on safeTALK. Yes No

I have not been affected by suicide or bereaved by suicide or any other loss in the last year. Yes No

I am personally ready to participate in this workshop. Should this change I will notify the organisers.
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 (3-4 hours) otherwise certificates will not be awarded.