

Application for Consideration for Place on ASIST Workshop

(Applied Suicide Intervention Skills Training)

**HSE CHO7 – Kildare/West Wicklow, Dublin West, Dublin South City and Dublin South West
Kildare Town 15th & 16th Nov 2017**

- Please Complete in Block Capitals.
- All questions must be answered.
- Please return this form to: info@breakingthrough.org.
- Your place is not confirmed until you receive a confirmation email.
- Training is for those living or working in Kildare, or West Wicklow

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: _____

Work 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 checked="" 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? **Dublin City** **South Dublin** **Kildare/West Wicklow**

Other suicide prevention training completed to-date: _____

Briefly – why are you interested in this course?

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) otherwise certificates will not be awarded