



Prevention Services

Division of the Middle Peninsula-Northern Neck Community Services Board

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872 General Puller Hwy; prevention@mpnn.state.va.us

SUICIDE PREVENTION TRAINING REQUEST FORM

Please complete this form if you are interested in hosting one or more of the trainings that we offer:

_____ **QPR:** QPR Gatekeeper Training is a two-hour training program that teaches participants three simple skills to avert suicide and save a life: (QUESTION, PERSUADE, and REFER) QPR Training also increases awareness of suicide as the most preventable cause of death. It helps dispel myths and misconceptions, teaches warning signs, and discusses emotional reactions to suicide.

Training Length: 2 hours

Minimum 6 participants

_____ **Suicide Prevention Awareness Workshop:** This workshop is a 2-hour exploration in suicide awareness. Organized around the question: "Should we talk about suicide?", it provides a structure in which session members can safely explore some of the most challenging attitudinal issues about suicide, and encourages every member to find a part that they can play in preventing suicide.

Training length: 2 hours

Minimum 6 participants

_____ **SafeTALK:** SafeTALK prepares community members of all kinds to be suicide alert helpers in only a few hours. Participants will learn how to provide practical help to persons with thoughts of suicide. Expect to leave SafeTALK more willing and able to perform an important helping role for persons with thoughts of suicide.

Training length: 3-5 hours

Minimum 10 participants

_____ **ASIST:** A two-day Applied Suicide Intervention Skills Training (ASIST) prepares school staff members who are in designated helping roles, such as student assistance staff member (school counselors, school psychologists, school social workers, school nurse) and others who have a strong interest in suicide prevention to assess suicide risk and to provide immediate intervention.

Training Length: 2 day

Minimum 20 participants

Name: _____ Last Name: _____

Organization: _____ Occupation: _____

Mailing Address: _____

Phone: _____ Email: _____

Date Requested: _____ Time Requested: _____

Expected # of Participants: _____ Location of Training: _____

Contact Person: _____ Phone # _____

How did you hear about this training?: _____

Today's Date: _____

Please fax this form to: 804-758-9198 or mail to: Prevention Services, PO Box 130, Saluda, VA 23149