

# Applied Suicide Intervention Skills Training Registration Form

The **Applied Suicide Intervention Skills Training (ASIST)** is one of the most widely used suicide intervention training programs in the world! It is a two-day workshop designed to provide practical help for individuals seeking to **prevent the immediate risk of suicide**.

## Participants will be able to:

- Recognize Persons at Risk
- Reach Out to Offer Support
- Estimate the Risk of Suicide
- Apply A Model of Suicide Intervention
- Link People with Community Resources

## Workshop Participants may include:

- People Concerned About Family and Friends
- Counsellors, Teachers and Ministers
- Workers in Health or Justice
- Community Volunteers
- Emergency Service Workers
- Mental Health Practitioners

Facilitators trained by Living Works provide the ASIST standardized workshop.

All participants who successfully complete the entire two-day workshop will receive a **certificate**.

Name: \_\_\_\_\_  
Your Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Other: \_\_\_\_\_

## Course Dates:

### Time:

8:30 a.m. to 4:30 p.m.

### Location:

\*as indicated on  
ASIST poster

**Workshop Fee:** \$125.00    **Full Time Student Fee:** \$100.00

**Cheques Payable to:** PMH – ASIST

**Internal Transfer Code** (for PMH staff using program funds): \_\_\_\_\_

**\*Registration fee is non-refundable unless cancellation is made 5 business days prior to the workshop. Participant will not be registered until workshop fee and registration form received. Prairie Mountain Health – Community Mental Health is following the public health agency of Canada's Covid-19 guidelines related to protective measures in planning public education workshops, therefore this may result in changes to the public education schedule.**

- In completing this registration form, I understand that participation for the entire two days from 08:30 to 16:30 is mandatory for certification. If for any reason I am unable to attend all the sessions, I will be required to complete the two days in entirety to be eligible for certification.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to:**    **Kaila Derhak – Brandon and area**  
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