

10 Clyde St, Lyons, NY 14489
Phone: 315-946-2200 ext. 2020
E-Mail: jroscup@lyonscsd.org

YOUTH/ADULT MENTAL HEALTH FIRST AID REGISTRATION FORM

Registrant Name:

E-Mail (optional):

Agency (optional):

Phone #(optional):

I hereby acknowledge the following:

Initial Each Item:

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Risks: Training in YMHFA or MHFA may expose participants to mild or moderate emotional stress

Voluntary: Training in YMHFA or MHFA is voluntary. I may also leave during the training or opt out at any time without negative consequence. I am voluntarily registering for this training.

Support: I understand that a reference list of available supports will be made available to me should I request or require support during the training.

Data Collection: As a First Aider trained by funds from Project AWARE, I understand I will be asked to participate in data collection, specifically quarterly electronic surveys that ask if I have used my training to refer anyone to appropriate professional support. I understand that my participation in data collection is voluntary; I may use the training without participating in data collection work and will receive no negative consequences for choosing to opt out of any data collection work.

SIGNATURE

DATE

- I request assistance completing this form for myself or someone else
- Before completing this form or offering consent, I would like more information

Additional Information: Please refer to www.mentalhealthfirstaid.org for more information regarding YMHFA and MHFA trainings. Persons may also call 315-946-2200 ext. 2020 and ask for Jay Roscup or additional information on YMFA or MHFA trainings.

Training Location:

Training Time:

Additional Site Information:

Instructors: NAME OF INSTRUCTOR #1

NAME OF INSTRUCTOR #2

Details on snack/meal provisions.

- Yes No I have specific dietary needs

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| Office Use: | | | |
| Registrant ID # | Service Sector: | Course Offering #: | Other: |
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