# Post Suicide Support Team Application Form

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Address: |  |
| Email: |  |
| Agency: |  |
| Address: |  |
| Tel: |  |
| E-mail: |  |
| Languages spoken: |  |

**What training have you received that you believe will complement the post suicide support process?**

**Have you taken the Living Works Education two day Applied Suicide Intervention Skills Training (ASIST)**

Yes /No

What year?

**What experience do you have with suicide prevention, intervention and postvention?**

**What is motivating you to want to join the Post Suicide Support Team?**

**What personal skills do you feel will be useful in the supporting process and to the team?**

**How available are you to participate in team meetings and support sessions? (A minimum of two working days a year is expected)**

**Are there groups you would prefer to work with when conducting a session such as youth, people with lived experience of mental illness etc?**

**Are there any additional comments you would like to make?**

**Please provide us with the name, telephone number and/or email of two individuals we can contact for references.**

**To your knowledge, has your organization or agency agreed to the memorandum of agreement to participate in PSST?**

Please return your application by email or in person to :

Name :

Email :