



Department of Mental Health & Substance Abuse
Prevention and Training Branch
Ph: (671) 477-9079 thru 83, Fx: (671) 477-9076

Registration Form
Applied Suicide Intervention Skills Training-(ASIST)
Date of training: _____
(Location to be announced)

SUICIDE INTERVENTION WORKSHOP

- A two day intensive participation course designed to help caregivers recognize, assess and respond to persons at risk of suicide.
- Participant clarifies personal values and beliefs about suicide, enhance understanding of suicidal behavior and develop the working knowledge and skills needed to intervene effectively.
- The workshop encourages active participation, open and direct talk about suicide, and cooperative support for group learning.

Participant Name: _____ Gender: M [] F []
Gender at Birth M [] F []

Phone #: (____) _____ Fax #: (____) _____ Village: _____

Position/Job Title: _____

Organization/Business: _____

Email Address: _____

Please select one (1) choice from the Ethnicity and Age bracket list that best describes you:

Ethnicity:

- Chamorro
- Chuukese
- Kosraean
- Native Hawaiian
- Pingelapese
- Samoan
- Chinese
- Indian (Asian)
- Korean
- Thai
- African-American
- Other Pacific Islander, specify: _____
- Other Asian, specify: _____
- Other, specify: _____

- Carolinian
- Fijian
- Marshallese
- Palauan
- Pohnpeian
- Yapese
- Filipino
- Japanese
- Taiwanese
- Vietnamese
- Caucasian

Age bracket:

- 5-11 years old
- 12-14 years old
- 15-17 years old
- 18-20 years old
- 21-24 years old
- 25-44 years old
- 45-64 years old
- 65 years old & over

I understand that group pictures may be taken at the training and hereby agree and consent to the use of these pictures by the Department of Mental Health and Substance Abuse, Prevention and Training Branch for promotional and/or other educational purposes.

(Print Participant's Name)

(Participant Signature)

Return by fax to 671-477-9076 or e-mail to michelle.sasamoto@mail.dmhsa.guam.gov