



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

safeTALK Registration Form

Date of training: _____
(Location to be announced)

safeTALK is a training that prepares anyone of age 15 and older to identify persons with thoughts of suicide and connect them to suicide first aid resources. Most people with thoughts of suicide invite help to stay safe. Alert helpers know how to use these opportunities to support that desire for safety. As a safeTALK-trained suicide alert helper, you will be better able to:

- move beyond common tendencies to miss, dismiss or avoid suicide;
identify people who have thoughts of suicide;
apply the TALK steps to connect a person with suicide thoughts to suicide first aid, intervention caregivers.

Participant Name: _____ Sex: M [] F []
Sex Assigned 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

Participant Signature

Parent/Guardian Signature
(required for participant under 18)

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.

Participant Signature

Parent/Guardian Signature (required for under 18)

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