FOCUS ON LIFE

www.peaceguam.org

Guam Behavioral Health and Wellness Center – Prevention and Training Branch
Ph: (671) 477-9079 thru 83, Fax: (671) 477-9076

Applied Suicide Intervention Skills Training (ASIST)
Registration Form

Date (2 days): _____   Venue: _____

- **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: _____   **Sex: M [ ] F [ ]**

Age: _____

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

Position/Job Title: _____

Organization/Business: _____

Email Address: _____

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

☐ African-American	☐ Kosraean
☐ Caucasian	☐ Marshallese
☐ Carolinian	☐ Native Hawaiian
☐ Chamorro	☐ Palauan
☐ Chinese	☐ Pingelapese
☐ Chuukese	☐ Pohnpeian
☐ Fijian	☐ Samoan
☐ Filipino	☐ Taiwanese
☐ Indian (Asian)	☐ Thai
☐ Japanese	☐ Vietnamese
☐ Korean	☐ Yapese

☐ Other Pacific Islander, specify:_____
☐ Other Asian, specify: _____
☐ Other, specify:_____

Are you affiliated with the military? ☐ Yes   ☐ No

Are you interested in receiving CEUs?   ☐ Yes   ☐ No

I consent to voluntarily complete this 2-day ASIST and confirm that I have been informed to my satisfaction as to the purpose of the Focus on Life Program. I understand that personal information about me that I disclose during this training will be kept in confidence. I understand that pictures and/or videos may be taken at the workshop and hereby agree and consent to the use of these pictures or videos by the Guam Behavioral Health and Wellness Center, Prevention and Training Branch for promotional and/or other educational purposes.

I understand that the training is two (2) full days, as indicated, and requires full attendance in order to receive certification.

_____   _____
(Print Participant's Name)   (Participant Signature)

Please continue to back side and return via fax (477-9076) or email
peace.intern@gbhwc.guam.gov

The main categories on this page represent different settings in which you might interact with youth. Within each setting, different professional and volunteer roles are presented. Please **FIRST** select the primary setting in which you interact with youth. **SECOND,** within that setting, please select the **ONE ROLE** that you feel best describes you.

For example, if you work as a counselor with a school-based health center, then you would select "education (K–12)" as the setting, and within that setting you would select "mental health clinician/counselor/psychologist". If you work as a counselor with a community-based mental health services agency, then you would select "mental health" as the setting, and within that setting, you would select "mental health clinician/counselor/psychologist".

❑ **Education (K–12)**
  ○ Teacher
  ○ School administrator
  ○ Mental health clinician/counselor/psychologist
  ○ Social worker/case worker/care coordinator
  ○ Emergency/crisis care worker
  ○ Program evaluator
  ○ Administrative assistant/clerical support personnel
  ○ Academic advisor
  ○ Tutor
  ○ Other: _____

❑ **Substance abuse**
  ○ Program/system administrator
  ○ Mental health clinician/counselor/psychologist
  ○ Social worker/case worker/care coordinator
  ○ Emergency/crisis care worker
  ○ Program evaluator
  ○ Administrative assistant/clerical support personnel
  ○ Other: _____

❑ **Juvenile justice/probation**
  ○ Program/system administrator
  ○ Probation officer
  ○ Social worker/case worker/care coordinator
  ○ Detention facility guard
  ○ Program evaluator
  ○ Administrative assistant/clerical support personnel
  ○ Other: _____

❑ **Emergency response**
  ○ Police officer or other law enforcement staff
  ○ Program/system administrator
  ○ Emergency medical technician
  ○ Fire fighter
  ○ Program evaluator
  ○ Administrative assistant/clerical support personnel
  ○ Other: _____

❑ **Higher education (college/university)**
  ○ Faculty/professor/researcher
  ○ Administrator (e.g., dean's office, vice president, provost)
  ○ Residential life staff
  ○ Mental health clinician/counselor/psychologist
  ○ Social worker/case worker/care coordinator
  ○ Emergency/crisis care worker
  ○ Program evaluator
  ○ Administrative assistant/clerical support personnel
  ○ Student
  ○ Other: _____

❑ **Child welfare**
  ○ Program/system administrator
  ○ Mental health clinician/counselor/psychologist
  ○ Social worker/case worker/care coordinator
  ○ Emergency/crisis care worker
  ○ Program evaluator
  ○ Administrative assistant/clerical support personnel
  ○ Other: _____

❑ **Mental health**
  ○ Program/system administrator
  ○ Mental health clinician/counselor/psychologist
  ○ Social worker/case worker/care coordinator
  ○ Emergency/crisis care worker
  ○ Program evaluator
  ○ Administrative assistant/clerical support personnel
  ○ Other: _____

❑ **Primary health care (other than mental health)**
  ○ Program/system administrator
  ○ Physician
  ○ Nurse
  ○ Nursing assistant/health technician
  ○ Program evaluator
  ○ Administrative assistant/clerical support personnel
  ○ Other: _____

❑ **Other community settings**
  ○ Parent or foster/resource parent
  ○ Other caregiver
  ○ Relative
  ○ Youth mentor
  ○ Volunteer (i.e., Big Brother Big Sister, CASA)
  ○ Youth advocate
  ○ Clergy/religious educator
  ○ Other: _____