



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:

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Kosraean |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Marshallese |
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pingelapese |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohnpeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indian (Asian) | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Yapese |
| <input type="checkbox"/> Other Pacific Islander, specify: _____ | |
| <input type="checkbox"/> Other Asian, specify: _____ | |
| <input type="checkbox"/> 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
sarabeatrize.harrell@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”.

<p><input type="checkbox"/> <u>Education (K–12)</u></p> <ul style="list-style-type: none"> <input type="radio"/> Teacher <input type="radio"/> School administrator <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Academic advisor <input type="radio"/> Tutor <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Substance abuse</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Juvenile justice/probation</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Probation officer <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Detention facility guard <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Emergency response</u></p> <ul style="list-style-type: none"> <input type="radio"/> Police officer or other law enforcement staff <input type="radio"/> Program/system administrator <input type="radio"/> Emergency medical technician <input type="radio"/> Fire fighter <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Higher education (college/university)</u></p> <ul style="list-style-type: none"> <input type="radio"/> Faculty/professor/researcher <input type="radio"/> Administrator (e.g., dean’s office, vice president, provost) <input type="radio"/> Residential life staff <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Student <input type="radio"/> Other: _____ 	<p><input type="checkbox"/> <u>Child welfare</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Mental health</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Mental health clinician/counselor/psychologist <input type="radio"/> Social worker/case worker/care coordinator <input type="radio"/> Emergency/crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Primary health care (other than mental health)</u></p> <ul style="list-style-type: none"> <input type="radio"/> Program/system administrator <input type="radio"/> Physician <input type="radio"/> Nurse <input type="radio"/> Nursing assistant/health technician <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/clerical support personnel <input type="radio"/> Other: _____ <p><input type="checkbox"/> <u>Other community settings</u></p> <ul style="list-style-type: none"> <input type="radio"/> Parent or foster/resource parent <input type="radio"/> Other caregiver <input type="radio"/> Relative <input type="radio"/> Youth mentor <input type="radio"/> Volunteer (i.e., Big Brother Big Sister, CASA) <input type="radio"/> Youth advocate <input type="radio"/> Clergy/religious educator <input type="radio"/> Other: _____
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