**Prevent Suicide Fox Cities, Appleton, Wisconsin**

**QPR Training Request Form**

Contact Name:

Host:

Address:

Contact Phone Number:

Contact Email:

Date(s) & Time(s) Requested for Training:

Number of Participants:

We use a Power Point Presentation; is a screen and projector available:

Has your group recently experienced a loss by suicide or other trauma we should be aware of, in order to serve you better serve your needs?

**(Office Use Below)**

Trainer’s Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentation Check List:

\_\_\_\_\_\_\_\_\_QPR Booklets

\_\_\_\_\_\_\_\_\_Flash Drive/Laptop

\_\_\_\_\_\_\_\_\_Pre/Post Training Evaluation Forms

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

 (QPR Coordinator)