Training Enrolment Form

Program Information

Program Name Venue Date/s

Youth Mental Health First Aid

Participant Information

Name Preferred Phone no.

Organisation/Job Title D.O.B

Email Address

Please provide any dietary requirements.

Scholarship/Funded Places

Scholarship/funded places are available on this training course, however these are limited.

Please tick here if you wish to apply for a scholarship place

Please advise of your role in your organisation.

In what capacity do you work with young people (aged 12 – 25)? Please include any work you may do with Aboriginal young people, Culturally and Linguistically Diverse young people, LGBTIQA+ young people and/or young males.

How do you intend to utilise this training in your field of work and local community?

Payment

Once this form has been completed and returned Parramatta Mission will provide you with an invoice which is to be paid prior to training date. Please complete the following for confirmation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organisation) understands that by submitting this registration form we commit to the course fee of $220 for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) to attend Youth Mental Health First Aid training.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s Signature Date

**Please return your completed form to** [**the**](mailto:robert.mcelroy@unitingrecovery.org.au) **email address below:**

**headspacecdt@ucmh.org.au**

For any questions please contact Community Development Officer Robert McElroy on 0409055983.