



MENTAL HEALTH AMERICA OF NORTHEAST INDIANA

Training Request Form

1. Name: _____

2. Organization: _____

3. Are you requesting this training for your organization or business?

- Yes
- No

4. Contact information:

Phone: _____

Email: _____

5. Training Requested (please select at least one):

- Mental Health Learning Series
 - i. Understanding Mental Health
 - ii. Understanding Trauma
 - iii. The Science of Addiction
 - iv. The Science of Stress
 - v. De-Escalation Techniques
- Mental Health First Aid for Youth Workers
- QPR (suicide prevention)
- safeTALK (suicide prevention & intervention)

6. Number of people to be trained: _____

(Please complete other side)

7. Timeframe requested:

- Within 30 days
- In the next 3 months
- In the next 6 months

8. Are you requesting a Virtual or In-Person training?

- In person
- Virtual

9. If in person, can you or your organization host the training?

- Yes
- No

10. If yes, does your training facility include:

- A projector or TV for a PowerPoint Presentation
- Speakers or sound capability for any videos included in presentation
- A whiteboard, easel w/paper, or large wall sticky notes
- Tables and chairs for participants
- An extra table for resources

11. If you have fewer than 30 training participants, may we open this training up to the general public?

- Yes
- No

12. How did you hear about our trainings?

****Please scan and email completed form to cschlatter@mhanortheastindiana.org. Thank you!****