



Training Request Form

Preferred Date(s) Requested _____

Time of Day Requested _____
(QPR Trainings are two hours in length)

Name of Individual Requesting Training _____

E-Mail _____ Phone _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

Anticipated Number of Attendees: _____
(minimum of five required; maximum 30)

Has anyone in your group experienced a recent loss due to suicide? Yes No

Comments _____

NOTE: Training location must have a table large enough for Instructors to place their laptop and projector, as well as a screen or wall to project slides on (tables and chairs are ideal seating). Southwest Behavioral Health Center facilities may be reserved for QPR trainings for outside entities/organizations based on availability.

Please allow 2-3 weeks to schedule your training.

Please e-mail this form to: Mona Griffin (mgriffin@sbhcutah.org) or mail to:

Southwest Behavioral Health Center
Attn: Mona Griffin
474 West 200 North
St. George, UT 84770



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|------------------------------------|---------------------------------------|
| <i>For Organizational Use Only</i> | |
| QPR Training Date _____ | Anticipated Number of Attendees _____ |
| Group _____ | Location _____ |
| QPR Instructor(s) _____ | |