



BECOME SUICIDE ALERT



September 30th, 2009
9:00 a.m. – 12:30 p.m.
At CMHA, Ottawa Branch
1355 Bank, Street Suite 402, Ottawa
613-737-7791

Learn four basic steps to recognize persons with thoughts of suicide and connect them with suicide helping resources.

Why come to safeTalk?

Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed or avoided – leaving people more alone and at greater risk. SafeTALK training prepares you to help by using TALK (Tell, Ask, Listen and KeepSafe) to identify and engage people with thoughts of suicide and to connect them with further help and care.

Who should attend safeTALK?

SafeTALK is for everybody who wants to help prevent suicide; front line workers, clergy, volunteers, parents, youth(15 years and older), teachers, law enforcement.

SafeTALK can also be offered in the community at the location of your choice.

HOW TO REGISTER - REGISTRATION IS LIMITED!
Cost for the half-day workshop is **\$50.00 (includes GST)**. Send the completed registration form, along with cheque payable to CMHA, Ottawa Branch to:

Canadian Mental Health Association, Ottawa Branch
1355 Bank Street, Suite 301,
Ottawa, ON K1H 8K7

REGISTRATIONS WILL BE ACCEPTED BY TELEPHONE ONLY IF PAYING BY VISA OR MASTERCARD. Please note that registration must be received 2 weeks prior to the workshop dates.

CANCELLATIONS AND REFUNDS

Full refunds, less a \$10.00 administration fee, will be given when a written request is received two weeks prior to the date of the workshop. If that date is missed, registration may be transferred to another person. There will be a \$20.00 charge on all returned cheques. Also see our Website: www.cmhaottawa.ca
See ASIST full two-day flyer for full information about parking.

SafeTALK- REGISTRATION FORM

Registration Fee: \$50.00 (GST included). There will be a \$20.00 charge on all returned cheques.

(PLEASE TYPE OR PRINT CLEARLY) **NO REGISTRATION ACCEPTED WITHOUT PAYMENT.**

Name: _____ Organization: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone:(Home) _____ (Office) _____ Email: _____

Do you require a receipt: Yes No