

Embracing Life: Northern Training and Resource Registry



Individual Training Survey

Name: _____

Organization: _____

Community: _____

Phone: _____

Email: _____

By checking this box you permit the Embracing Life Committee to add your name and contact information to a Northern Training and Resource Registry. This registry may be accessed by Crisis Response/Mental Wellness Teams and human service providers as necessary.

Are you a member of a Crisis Response Team (CIRT/CISM)? Yes No

If yes, please provide the Team Lead name and phone/email:

Are you a member of a Mental Wellness Team? Yes No

If yes, please provide the Team Lead name and phone/email:

Languages:

English

French

Cree

Dene

Michif

Other _____

Please return completed survey to your community contact.

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Please indicate below what training you have obtained within the last 5 years (within 2 years for ASIST and SafeTalk). Please check the box beside completed training courses, and indicate the date of that training in the space provided.

| Select | Check all that apply | Date of Training DD/MM/YYYY |
|--|--|--------------------------------|
| <input type="checkbox"/> Aboriginal Shield Program <input type="checkbox"/> <i>I am a program facilitator</i> | | |
| <input type="checkbox"/> ASIST <input type="checkbox"/> <i>I am a workshop facilitator</i> | <input type="checkbox"/> Certificate (2 days) <input type="checkbox"/> Train the Trainer (5 days) <input type="checkbox"/> SafeTalk Non-certificate (1/2 day) <input type="checkbox"/> SafeTalk Train the Trainer | |
| <input type="checkbox"/> Buffalo Riders Program <input type="checkbox"/> <i>I am a workshop facilitator</i> | <input type="checkbox"/> Course for Students <input type="checkbox"/> Train the Trainer | |
| <input type="checkbox"/> CISM <input type="checkbox"/> <i>I am a workshop facilitator</i> | <input type="checkbox"/> Basic Group Crisis Intervention <input type="checkbox"/> Advanced Group Crisis Intervention for First Nations/Aboriginal Communities <input type="checkbox"/> Individual Crisis Intervention & Peer Support <input type="checkbox"/> Peer Skills Level I/Level II <input type="checkbox"/> Program Builder <input type="checkbox"/> ICISF Approved Instructor Program Certificate (2 days) | |

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| Select | Check all that apply | Date of Training DD/MM/YYYY |
|---|--|--------------------------------|
| <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> <i>I am a Certified Instructor/Trainer</i> | | |
| <input type="checkbox"/> Gathering Power <input type="checkbox"/> <i>I am a workshop facilitator</i> | | |
| <input type="checkbox"/> Grief & Loss Workshop <input type="checkbox"/> <i>I am a workshop facilitator</i> | <input type="checkbox"/> Edu-Therapy (4 day) <input type="checkbox"/> Finding Our Way Through | |
| <input type="checkbox"/> Korios Blanket <input type="checkbox"/> <i>I am a workshop facilitator</i> | <input type="checkbox"/> Course for Students <input type="checkbox"/> Train the Trainer | |
| <input type="checkbox"/> Leadership from the Heart <input type="checkbox"/> <i>I am a workshop facilitator</i> | <input type="checkbox"/> <input type="checkbox"/> | |
| <input type="checkbox"/> Mental Health First Aid <input type="checkbox"/> <i>I am a workshop facilitator</i> | <input type="checkbox"/> Basic Course <input type="checkbox"/> Mental Health First Aid for Adults who Interact with Youth <input type="checkbox"/> Mental Health First Aid Instructor Training | |

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| Select | Check all that apply | Date of Training DD/MM/YYYY |
|---|----------------------|--------------------------------|
| <input type="checkbox"/> Online Counseling & Suicide Intervention Specialist (OCSIS) <input type="checkbox"/> <i>I am a workshop facilitator</i> | | |
| <input type="checkbox"/> Return to Spirit Workshop <input type="checkbox"/> <i>I am a workshop facilitator</i> | | |
| <input type="checkbox"/> Seeing One's Self Program <input type="checkbox"/> <i>I am a workshop facilitator</i> | | |
| <input type="checkbox"/> Trauma Recovery Workshop <input type="checkbox"/> <i>I am a workshop facilitator</i> | | |
| <input type="checkbox"/> Violent Threat Risk Assessment <input type="checkbox"/> <i>I am a Certified Instructor/Trainer</i> | | |
| <input type="checkbox"/> OTHER: Provide name of training, certification type, duration of training | | |

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Individual Training Survey

If you do not currently have a Crisis Response Team or Mental Wellness Team in your community, do you think one should be established, and if so, will your community need outside support or guidance?

Are you aware of other trained community members that are willing to help?
Please enter additional information here:

Please list any local and regional training listed in this survey that you know has been planned for the future (Including name of trainer, dates and location) so this information can be posted on the embracinglifesk.com website

Please return completed surveys to your community contact or distributor.