



West Region Treaty 2 & 4 Health Services
Mental Health and Wellness
Training and Presentation Request Form

Date: _____ Community/Organization _____
Contact Name: _____ Email _____
Phone _____ Fax _____

Training/Presentation Requested

- ___ Mental Health First Aid First Nations
- ___ ASIST 11
- ___ safeTALK
- ___ Drug and Alcohol Abuse in the Workplace
- ___ Anxiety Disorders in Children
- ___ Finding a Needle (What Do I Do?)
- ___ Marijuana: The Facts (Powerpoint)
- ___ Harm Reduction (Adult focused)
- ___ Teen Talk
- ___ Indian Residential School Presentation (Adult/Youth focused)
- ___ Community Crisis Planning (Thunderbird Partnership)

- ___ The Balancing Hook
- ___ Triple P Parenting
- ___ Bimaadiziwin/Traditional Teachings (Adult/Youth Focused)
- ___ Beyond the Hurt (Bullying Prevention)
- ___ Traditional Parenting: Supporting the Next Generation
- ___ Grief and Loss (Adult focused)
- ___ Diabetes and Depression
- ___ WRTHS Customized Youth Presentation Topic _____

****Please choose one training or presentation per request form.**

Please Select 3 Tentative Dates for Training/Presentation

Date: _____ Date: _____ Date: _____
(date will be chosen by facilitators and confirmed with Contact)

Venue: _____ Estimated # of Participants _____
Participant Field (Health, Volunteer, Band etc) _____

Signature of Contact _____ Date _____

Please Fax Form to 204-622-9449, Attn: Shannon McKay, NAYSPS/BF Coordinator

For Office Use Only

Date Selected by Facilitators and Confirmed with Contact _____

Number of Participants Present _____ Sign In Sheet Attached? _____

Training and Presentation Date Completed _____

Notes about Training:

Prepared by _____ Date: _____