



APPLICATION FORM

Applied Suicide Intervention Skills Training (ASIST)

Iqaluit – February 22/23, 2012

I wish to take the Applied Suicide Intervention Skills Training (ASIST) workshop being offered by Nunavut Arctic College on October 3/4, 2011. I understand that participation in the full two days is required. I commit to showing up on time at 8:30 each morning.

Name (print): _____

E-Mail: _____

Home phone: _____ Work phone: _____

Employees of GN departments/agencies, Inuit organizations or municipal governments must have this section signed off by their supervisor:

I am the supervisor of this course applicant. I agree to this employee taking the ASIST workshop on the dates specified. I am aware that my division/organization will be billed \$50 upon receipt of this form. I am aware that this amount will not be refunded if the applicant withdraws from the course, or if he/she fails to attend.

Name (print): _____

Position: _____

Signature: _____

Name of departmental finance person to whom the invoice should be sent:

Send to: Jack Hicks, jhicks@arcticcollege.ca / phone 979-7298 / fax 979-7109