

# Mental Health First Aid® Training Request Form

## REQUESTING AGENT INFORMATION

Requesting Agency/Company Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Interpreter Needed:  Yes  No If Yes, what language: \_\_\_\_\_  
Preferred Method of Contact:  Phone Call  Email: \_\_\_\_\_  Text Message: \_\_\_\_\_

## TRAINING INFORMATION

Training Type:

- |   |  |
|---|--|
| <input type="checkbox"/> FIRE/EMS         | <input type="checkbox"/> PUBLIC SAFETY                   |
| <input type="checkbox"/> GOVERNMENT       | <input type="checkbox"/> SCHOOLS CORPORATION (NON-YOUTH) |
| <input type="checkbox"/> HIGHER EDUCATION | <input type="checkbox"/> VETERANS                        |
| <input type="checkbox"/> OLDER ADULTS     | <input type="checkbox"/> YOUTH                           |
| <input type="checkbox"/> LAW ENFORCEMENT  | <input type="checkbox"/> OTHER: _____                    |

Estimated Number of Participants: Adults \_\_\_\_\_ Youth \_\_\_\_\_ Older Adults \_\_\_\_\_

Training Preferences: Check All that Apply

January February March April May June July August September October November December  
Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
Full-Day Morning Afternoon Evening

NOTE: The Training Coordinator will work with you to select the best possible dates; however, scheduling is dependent on venue and trainer availability.

Training Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Location Contact: \_\_\_\_\_ Location Phone: \_\_\_\_\_

## SPECIAL REQUESTS

**How did you hear about the MHAT Training Opportunities?**

## PCSAC MHAT Project Use Only

Approved  Trainer Scheduled: \_\_\_\_\_  Venue Confirmed: \_\_\_\_\_  
 Waitlisted  Supplies Ordered: \_\_\_\_\_  Supplies Received: \_\_\_\_\_  
 Denied: (reason) \_\_\_\_\_

Please save your completed form and email it to Mental Health Awareness Training Coordinator, Kaitlyn Griffin, BSW at [kgriffin@portercountysac.com](mailto:kgriffin@portercountysac.com)