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Application for Train the Trainer, Basic Suicide Prevention

I …………………………………………………………………………….. agree to

(Name of Line Manager and Organisation)

………………………………………………………………………………

(Name of staff member)

attending the two day Train the Trainer Basic Suicide Prevention Training programme and understand that in doing so I am agreeing to release them to deliver 4 half day workshops to 10 -15 participants over the course of the year.

Signed: …………………………………………

Contact phone number for Manager: …………………………………………..……………….

Contact email address for Manager: …………………………………………..………………..

Email address for participating staff member: ………………………………………….....

Please return to:

Sue Neely

Public Health

Liverpool City Council

3rd Floor Cunard Building

Water Street

Liverpool

L3 1AH

Email: sue.neely@liverpool.gov.uk