



# Youth Mental Health First Aid Training Registration & Consent to Participate Form



To register for the Youth Mental Health First Aid training, please read & complete the form below.

Training Date: \_\_\_\_\_ Location: \_\_\_\_\_

## Youth Mental Health First Aid (YMHFA) Training Description:

**YMHFA** is an 8-hour certification course primarily intended for adults to learn how to help young people who may be experiencing mental health challenges or crises. It reviews the unique risk factors and warning signs of mental health challenges common among adolescents ages 12-18 including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder; and emphasizes the importance of early intervention. Just as CPR training helps a layperson without medical training assist an individual experiencing a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. Participants must attend all 8-hours of training to receive national certificate as a Youth Mental Health First Aid provider.

### Participants learn how to:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

**This training is funded through the SAMHSA-NIIT Project AWARE grant. Your participation in this training is voluntary. Possible risks from participating in this training can include mild to moderate emotional distress. You may leave the training at any time. YMHFA instructors will inform participants throughout the training of the potential for emotional distress during certain topics. YMHFA instructors are on hand to provide support to participants as needed, as well as provide resources to any participant experiencing levels of emotional distress.**

### Registration Information

Print First and Last Name: \_\_\_\_\_

Email address (print clearly): \_\_\_\_\_

Cell phone number(s): \_\_\_\_\_

*By signing below, I acknowledge that I have been informed about the risks of participating in the Youth Mental Health First Aid training and agree to participate in this training.*

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

**First aiders will be asked to track youth health service referrals in a very short (1-2 minutes) referral form that can be completed on a smart phone, tablet, or computer during the project period (through September 2018). First aiders may “opt out” of the data collection portion of this training at any time.**

- Do you have a smart phone where you can log this information into an YMHFA App?  Yes  No
- Do you have internet access to log this information into a web-based tracking system?  Yes  No

*By signing this form, I agree to report the YMHFA referrals I make into an online referral tracking system until September 2018.*

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date