



Application for Question, Persuade, Refer Training
through
Owensboro Regional Suicide Prevention Coalition, Inc.



Applicant Name: _____
(Last) (MI) (First)

Date of Birth: _____

Address: _____

Phone number: _____

Email: _____

Employer: _____

Have you been through QPR Training in the past? Yes No

Are you currently an ORSPC member/volunteer? Yes No

What experience do you have related to suicide/suicide prevention?

What is your purpose/goal(s) post-training? How do you plan to use your training?

References:

- Please list 3 non-relative references we may contact (name and phone number)

- 1.
- 2.
- 3.

- I have read over the attached rules and understand, if chosen for QPR training to be funded by ORSPC, Inc., I will be responsible for abiding by said rules,

(Signature)

(Date)



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RULES

1. Applicant must attend at least 1 ORSPC regular meeting each quarter (if not a board or coalition member) during 3 year training certification.
2. Applicant must be willing to attempt/seek out/provide training to at least 2 trainee groups (workplaces, schools, churches, etc.) per calendar year and provide proof of attempts/trainings given.
3. Applicant must provide ORSPC Board of Directors with information on trainee group prior to training being administered.
4. Applicant must not provide any QPR trainings without prior board approval.
5. Applicant must be willing to appropriately represent ORSPC in the community by being ethical, supporting the mission of the coalition, and being willing to educate others about the coalition.
6. Failure to follow these rules after training is administered will result in any re-certification funded by ORSPC and the applicant not being eligible for new or continued ORSPC board or coalition membership.