



Youth Mental Health First Aid

Course Attendance Form

Please print in BLOCK CAPITALS

Venue

Date

Name of Instructor(s)

Training in Mind are keen to monitor the MHFA course for quality and evaluation purposes. It may be necessary to contact you in six months to see if your training has made a difference. If you do not wish to be contacted after participating in the training, please opt out in the relevant box on the sheet *

	Name	Organisation	Address (incl. postcode)	Email	Telephone (do not incl. spaces)
1	<input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/>	<input type="text"/> *Tick here to opt out <input type="checkbox"/>
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	Name	Organisation	Address (incl. postcode)	Email	Telephone (do not incl. spaces)
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