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## Mental Health First Aid Application

## Organization/Company Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name: | Click to enter |  |  | Date: | Click to enter |
|  | Company Name |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Company Address: | Click to enter | Click to enter |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Click to enter | Click to enter | Click to enter |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | Click to enter | Email | Click to enter |

Is your organization: Are you an internal unit at MSU?

Profit  Yes  No

OR (*If yes, and your department is paying)*

Non-profit  MSU Account: MSU Account

MSU Subaccount: MSU Subaccount

Will your funding be:

* 1. **Federal**
  2. **State**
  3. **Local**
  4. **Other** If other please specify here
  5. **Individual  *(participants pay)***

## Mental Health First Aid Information

Are you interested in: Which module?

One 8-hour training day  Adult

OR

Two 4-hour trainings days  Youth

*(For adults that work with youth-aged children)*

Number of people total: Click to enter

*(Maximum of 30 per training, can request multiple trainings)*

Desired training dates: Click to enter

## Person of Contact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click to enter | Click to enter | Click to enter | Date: | Click to enter |
|  | Last | First | M.I. |  |  |
| Title: | Title |

|  |  |  |
| --- | --- | --- |
| Address: | Click to enter | Click to enter |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Click to enter | Click to enter | Click to enter |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | Click to enter | Email | Click to enter |

## Venue

Do you have a venue? Yes  No

Will your venue provide meals/refreshments? Yes  No

Does your venue have a projector/TV/computer set up? Yes No

If yes, please explain: Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| Venue Address: | Street Address | Apt/Unit |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  | City | MI | Zip Code |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Venue Phone: | Venue Phone Number | Email | Email |

## Additional Comments

Please enter any additional comments or information here.