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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.