



SUICIDE STORY

An initiative of the Mental Health Association of Central Australia

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14 Lindsay Avenue, PO Box 2326 Alice Springs NT 0871



MHACA
Mental Health
Association of
Central Australia

Suicide Story Delivery Request Form

Please complete and return this form to the Suicide Story Program at the Mental Health Association of Central Australia (MHACA) to request delivery of the Suicide Story Program for your community, organisation or other group.

This form has been developed by the SSAAG and MHACA staff to assist in prioritising communities in need of support and ensure transparency and fairness in handling requests.

Once MHACA has received a completed *Program Delivery Request Form*, the team will coordinate an introductory community visit to meet with appropriate parties and ensure Suicide Story would meet both community priorities and needs. Following the introductory visit, MHACA and the Suicide Story Aboriginal Advisory Group will prioritise community deliveries and alert selected communities to discuss potential dates for program delivery. Please note as per current funding requirements Suicide Story can only be delivered within the Northern Territory.

Please contact us for more information and/or our free Introductory DVD.

Organisations and Agencies

The funding that Suicide Story receives is dedicated to community deliveries. However, organisations and businesses are invited to submit workshop requests to receive the Suicide Story program under a fee for service agreement. For more information or to schedule a workshop please contact suicide.story@mhaca.org.au

If you would like to speak to a staff member before submitting your request, please contact Suicide Story on p. 8950 4630

Please note that Suicide Story may not be appropriate to deliver too soon after a death by suicide even if suicide prevention is a priority. The community/organisation/agency may need time to grieve and settle before they are ready for the Suicide Story workshop. Please make sure that this request is only submitted after making sure you have sensitively consulted with your community/organisation/agency about whether everyone is emotionally prepared to welcome the Suicide Story program.

Suicide Story Delivery Request Form

REQUEST LOCATION, REGION AND TYPE <i>(Please state where you are requesting delivery from and if you are requesting delivery for a community, organisation/business, or other groups)</i>	PREFERRED DATE OF DELIVERY <i>(please select two dates in order of preference from the Delivery Calendar above for community applications only)</i> 1. 2.
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1. **CONTACT IN COMMUNITY:** Whom is the lead person requesting Suicide Story for their community/organisation/ business/group?

Note: this person will be the key contact and are responsible for ensuring that your community/ organisation/ group are kept informed and consulted about Suicide Story. To operate effectively Suicide Story will need on the ground assistance with organising the logistics for the workshop.,

Contact's Name :	Contact's Address:
Email:	Telephone Number:
1. Do you identify as: Indigenous or Torres Strait Islander <input type="checkbox"/> Other <input type="checkbox"/>	
2. Have you participated in Suicide Story before? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, please identify what training you attended:	
3. What is your role in your organization/ agency/ community/group?	

CRITERIA

2. WANT/DEMAND: Who supports this request for Suicide Story? <i>Please enter the names of all those supporting this request from the community/organisation/ business/group, relationship to the community/organisation/ business/group, their contact details. Please include no less than three Aboriginal community members; leaders and elders on this list)</i>
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3. NEED

Can you tell us of your concerns for your community/organisation/ group or rather why you consider this workshop a need? *Please give a summary of the recent history or your community/organisation/group's experiences of suicide and suicidal behaviours. This may include the number of people who have died by suicide, the number of suicide attempts, the extent of suicide threats, observations of suicidal or self-harming behaviour, any other relevant concerns or information.*

4. OWNERSHIP

Who is committed to providing ongoing leadership both before and after the delivery of Suicide Story in your community/organisation/business/group in relation to suicide prevention? *Please list those supporters who are committed to working over a long-term period with the support of Suicide Story to strengthen your community/organisation/business/group to ensure that the work begun with Suicide Story is sustainable and effective.*

5. CONTRIBUTION

Is your community/ group able to support the workshop financially and/or in-kind? *Please explain your position to fund the training, partially fund, or provide any in-kind support for the delivery of Suicide Story. Please note that being unable to contribute DOES NOT mean that you will not receive Suicide Story. Suicide Story operates from a principle of 'give according to capacity and take according to need'. Well-funded communities that are able to financially contribute enable less funded communities to access further support. Business and organisational requests for Suicide Story will be expected to pay for the service. Please contact us for an outline of the fees.*

6. RESOURCES

What other training, support and/or resources in suicide prevention and intervention has your community/organisation/ business/group received in the last three years? Has your community/organisation/business/group already participated in Suicide Story?

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OTHER RELEVANT INFORMATION

1. EXPECTATIONS

What is your community/organisation/business/ group's expectations of Suicide Story? *Please explain what you hope to get out of your participation in Suicide Story so that we can work to address your needs and want.*

2. LOGISTICS

To enable Suicide Story to run effectively it is good to know what facilities are available.

- Is there an appropriate meeting space for 20-25 people we can use connected to power and with kitchen facilities?

- Are accommodation and bathroom/kitchen facilities available for Suicide Story staff?

- Is there anywhere that can provide food for Suicide Story participants?

- Will interpreting be needed and would there be anyone available for this job?

- Who would be best to support Suicide Story with local cultural advise and make sure the training is culturally safe?

Thank you for your interest. Please submit your request to suicide.story@mhaca.org.au fax to (08) 8952 1574 or post to MHACA PO Box 2326, Alice Springs NT 0871

Your Signature:

Date: