



# Central Queensland Mental Health Service

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## Youth Mental Health First Aid

Youth Mental Health First Aid is a 14 hour course (2 consecutive days) which teaches first aid skills for mental health crisis situations and the early stages of mental health problems including depression, anxiety, psychosis, substance misuse, eating disorders, suicidal thoughts and behaviour, non-suicidal self-injury, panic attacks, aggression etc.

### 2014 Rockhampton Workshop dates

Date: Thurs 5th & Fri 6th June 2014  
Where: Room 3 Community Health Building  
Cnr Cambridge and Bolsover Sts, Rockhampton  
Time: 9am – 5.00pm  
Cost: \$100.00

Date: Thurs 16th & Fri 17th October 2014  
Where: Room 3 Community Health Building  
Cnr Cambridge and Bolsover Sts, Rockhampton  
Time: 9am – 5.00pm  
Cost: \$100.00



### Registration Form/Tax Invoice

<b>Name:</b>		
<b>Role:</b>		
<b>Workplace:</b>		
<b>Email Details:</b>		
<b>Phone Number:</b>		
<b>Please circle workshop you want to attend:</b>	<b>Workshop 1:</b> 5th & 6th June 2014	<b>Workshop 2:</b> 16th & 17th October 2014
<b>Dietary Req</b>		

Please keep a copy as this form as it is a Tax Invoice on receipt of the full registration payment

<b>PAYMENT DETAILS:</b>	\$100.00* (GST inc.)	DATE: ...../...../20....
<b>Cheque/Money Order:</b>	Cheques payable to Central Queensland Mental Health Service	
<b>Credit Card:</b>	Type: Visa	MasterCard
	Cardholder Name:	
	Card Number:	
	Expiry Date:	
	Signature:	

#### Conditions

Payment: To be made in full and must accompany Registration Form

Enrolment: Registration is essential prior to attending the workshop

Refunds: A refund will only be issued if payment has been received and the workshop is cancelled by CQMHS

Cancellations: 10% administration charge will be deducted if participant cancels after completing workshop registration – monies will not be refunded if a participant does not attend the workshop on the day

REGISTER: Fax: 07 4920 5719 (attn: Nicole Cooper) Email: Nicole\_Cooper@health.qld.gov.au  
Mail: Att: Nicole Cooper; Child & Youth Mental Health, PO Box 4055, Rockhampton, QLD 4700

RSVP: 2 weeks before workshop date.

ABN: 66329169412

**Central Queensland Child and Youth Mental Health Service**  
PO Box 4055 Rockhampton Queensland 4700 Phone: (07) 4920 5700 Fax: (07) 4920 5719