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Registration Form

Mental Health Basis workshop

School: _____ Region: _____

Address: _____

Director: _____

School Board: _____

School Contact Person: _____ Title: _____

Telephone: _____ Ext. : _____ Email: _____

If you can't be there the day that workshops are planned, please name a person that can act as a second contact for our animators so they have someone to refer to.

Name: _____ Title: _____

Email: _____

3 steps registration for the *Mental Health Basis* Tour

- 1- Suggest dates** (consecutive or not) when it will be possible for you to have PFL presentations at your school (We can give 1 to 3 presentations per day and spend more than one day at your school if needed) and indicate the **grade** of the students we will meet (grade 7-8)

Choice #1: _____

Choice #2: _____

Grade: _____ **Number of groups:** _____

- 2- After the reception of this registration form, the Youth Services Coordinator will contact you to **confirm the selected** dates.

- 3- Once your dates are confirmed, you will need to **provide us with a detailed schedule**.

Additional Information

- 1) Can you provide audiovisual equipment for the broadcasting of videos available on a UBS key? :**

☐ Yes ☐ No Specify if needed: _____

- 2) Parking instructions** (vignette, reserved spaces, etc.): _____

- 3) Is it possible to provide lunch for the animators at the school cafeteria?** ☐ Yes ☐ No

- 4) Is there a dress code for our animators to follow at your school?** ☐ Yes ☐ No

Specify if needed: _____

- 5) Our workshop is mainly focused on short activities to acquire better mental health. In order to prepare our facilitators for the reality of your school, are there any particular issues related to mental health in the groups that we will meet that would be relevant for us to know?** ☐ Yes ☐ No

Specify if needed: _____

School Resources

- 6) During the *Mental Health Basis* presentation we inform students of the resources available to them at their school. Please include the names of the resources and their availability.

School Resources	DAY	HOUR	ROOM
Nurse:			
Psychologist:			
Social Worker:			
Psychoeducator :			
Toxicology Counsellor:			
Spiritual Animator:			
Special Education Technician:			
Guidance Counsellor:			
Student Life Advisor:			
Others:			

- 7) What are the partner organizations with your school? (CLSC, clinics, Youth club, non-profit organizations, etc)

- 8) Often after the presentations, students speak with our animators and confide in them. Our animators are not professionals in intervention. However, they are trained to establish a plan of action with the students to empower them to seek help. If such a situation occurs, **how would you like our animators to proceed? Please check one of the following:**

- ☐ I would like for the animator to bring the student directly to my office.
☐ I would like for the animator to provide me with the student's name.
☐ Other please specify: _____

However, it may happen that a student verbalized suicidal ideation. The animators are instructed to report these students to a professional designated by your school for this type of situation. Please identify us the name, the title and contact information of this person: _____

- 9) We want to disseminate *Mental Health Basis's* activities on our different media platforms (web, social networks).

*Please note we always make sure to only publish pictures of youth that have parental consent.

- a) May we publish the name and a picture of your school to promote our activities (without the presence of students in the photo)? ☐ Yes ☐ No
 b) Are you able to target some students who will attend our animation and may appear on a photo that we would take during our visit to your school? ☐ Yes ☐ No
 c) Do you need us to provide an example of a parental consent form to be signed? ☐ Yes ☐ No
 d) In order to complete our database and to facilitate the authorization process, we want to collect a list of the schools where students' parents have signed a parental consent form earlier this year. Do you get a parental consent form signed?
 - for **pictures** taken during activities at school? ☐ Yes ☐ No
 - for **videos** taken during activities at school? ☐ Yes ☐ No