

Registration Form

Partners for Life 2022-2023

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 *Partners for Life* 2019-2020 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 9, 10, 11, etc.)

Choice #1: _____

Choice #2: _____

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

2- After the reception of this registration form, the Youth Program Advisor 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) Was there a suicide or suicide attempt at your school during the last school year? : ☐ Yes ☐ No

Please specify the nature of the event: _____

2) If you answered YES to the previous question, will the people concerned by this event will attend the presentations? ☐ Yes ☐ No

3) Parking instructions (vignette, reserved spaces, etc.): _____

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

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

Specify if needed: _____

School Resources

- 6) During the *Partners for Life* 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 is the name and the address of the CLSC affiliated with your school?
- 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 in order 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 and the title of this person: _____

- 9) We want to disseminate *Partners for Life'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

Specify: _____