

## Workshop Registration Form

### Workshop information

Name of workshop	
Date	
Time	
Venue	

### Participant information

Participant Name	
Postal Address	
Phone	
Mobile	
Email	

### Age range

18 – 24   
  25 – 34   
  35 – 44   
  45 - 54   
  55 – 64   
  65 – 74  
 75 – 84   
 85+

### Gender

Male   
 Female   
 Other

### Predominant ethnicity

Australian   
 Australian Aboriginal   
 Torres Strait Islander  
 Other (Please specify)

### Aboriginal and Torres Strait Islander Status

Aboriginal but not Torres Strait Islander origin  
 Torres Strait Islander but not Aboriginal origin  
 Both Aboriginal and Torres Strait Islander  
 Neither Aboriginal nor Torres Strait Islander

## Who are you representing at this workshop?

Self

Organisation

Other (Please specify)

## Please indicate any dietary requirements

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## Media authorisation

I give permission for StandBy Support After Suicide to use photographs, video footage and/or voice recordings of me in StandBy Presentations, Publications or Social Media.

**Yes**, I give permission for photos, videos and voice recording to be taken of me. Please sign:

**No**, I do not give permission for photos, videos and voice recording to be taken of me.

Signature:

Please email the registration form to:

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