**Preferred Course Dates**:

**Personal Details**

Preferred title (circle) Miss / Ms / Mrs / Mr

First Name

Preferred Name

Last Name

**Contact Details**

Home Phone

Mobile Phone

Email

Postal Address

**Current Employment**

Job title

Organisation

**Billing Details**

Name / Company

Email

Billing Address

**Intentions**

What would you most like to learn and get out of doing a Mental Health First Aid Course?

**Continued on page 2**

**Dietary Requirements**

Do you have dietary requirements: Y / N (select one)

**If Y** **please list them here so we can cater to your needs** (e.g. gluten-free or dairy-free etc.)

**How did you hear about this course**? Email □ Social media □ Colleague or friend □ Other:

Please email this completed form to: [mhfa@stepstone.org.nz](mailto:mhfa@stepstone.org.nz)

If you would like more information, phone Stepping Stone Trust on: 03 338 6390

or view our website: [www.stepstone.org.nz/education/mhfirstaid/](http://www.stepstone.org.nz/education/mhfirstaid/)