



## Participant Evaluation Form: Connections LL

Date of training

Which Connections workshop did you attend? \*

First Name

Surname

What is your age?

Please indicate your gender

What time of day was your workshop?

Now you have completed the training please rate the following:  
Your Knowledge of Suicide & it's prevention

Now you have completed the training please rate the following:  
Your awareness of the importance of nurturing emotional health  
in preventing suicide

I have a better understanding of the complex reasons for suicide

I have a better understanding of role of mental health and  
emotions on suicide prevention

I have a better understanding of the contributing factors leading  
to poor mental health, emotional distress and suicide

I have a better understanding of the role of protective factors in preventing suicide

I have a greater awareness of Suicide Prevention model (Connect 4 Ways Model)

I have a better understanding of the importance of self-care in suicide prevention

I have a better understanding of how to connect people to safety

I am more likely to ask if someone is thinking of suicide

I am more likely to talk openly about feelings and emotions

I will use the tools learnt to help support someone in my community

I am more likely to connect others with support

I am more likely to connect myself with support when needed

I am more likely to practice self-care to fortify mental health

Please score the following parts of the workshop: Suicide Prevention Awareness Information

Please score the following parts of the workshop: Video presentation and materials

Please score the following parts of the workshop: Presenter/workshop leaders

Please score the following parts of the workshop: Length of workshop

Please score the following parts of the workshop: Use of chat to access weblinks and extra information

We'd love to hear about your experience or suggestions on how this training could be improved. Please give us your comments below.

I'd like to arrange a Fresh Minds Education training or service for a group/organisation

Please add my email to the Fresh Minds Education database

**Submit**

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