Expression of Interest

2021 Suicide Prevention Quality Improvement Program Grant

CONTACT NAME:

CONTACT NUMBER:

EMAIL:

ORGANISATION:

SUICIDE PREVENTION OR POSTVENTION PROGRAM OR SERVICE:

(list only one program or service per application)

How will the Suicide Prevention Quality Improvement Standards be implemented into the existing suicide prevention program or service?

(250 words)

Explain how the self-assessment (gap analysis) phase of the Suicide Prevention Quality Improvement Program will be utilised?

(250 words)

Explain how the organisation will work towards achieve certification within twelve (12) months from the time of registration?

(250 words)

Signature and Date: