

**Suicide Risk Assessment and Intervention Training (Assessor)  
Attendance Sheet**

Date: \_\_\_\_\_

Trainer(s): \_\_\_\_\_

Zone/Location: \_\_\_\_\_

*Please print clearly.*

Name of Attendee	Email address
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Please fax or scan to email the attendance sheet to Erin Keefe at 902-425-3936 or [erina.keefe@nshealth.ca](mailto:erina.keefe@nshealth.ca).

Suicide Risk Assessment and Intervention Training (Assessor)  
Attendance Sheet – Side 2

*Please print clearly.*

Name of Attendee	Email address
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