



**Refugee Suicide Prevention Training  
Coversheet for Training Surveys**

FROM

Your name: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Name of your organization: \_\_\_\_\_

Name of certified QPR instructor who facilitated the training:

\_\_\_\_\_

Date of training (month/day/year): \_\_\_\_\_

Number of training participants: \_\_\_\_\_

TO

Refugee Health Technical Assistance Center  
MA DPH- Refugee & Immigrant Health Program  
Hinton State Laboratory Institute  
305 South Street  
Boston, MA 02130