

FEEDBACK FORM



Please provide your details and respond to these statements **BEFORE** completing General Awareness Training (GAT).

YOUR DETAILS

Gender: ☐ Male ☐ Female D.O.B.

Name

Email

Employer

Occupation

Phone

Mobile

Address

Postcode

Site

Have you had previous training by MIC?
☐ GAT ☐ Connector ☐ A.S.I.S.T.

MIC may send you important information about your health and wellbeing by email or post
☐ Please tick here if you do not want to receive any MIC information or material
Please note: under no circumstances will MIC provide personal information to third persons without your express consent.

To you want this to read.... by email or post or text.....?

Please circle the number to indicate your level of agreement with each of the statements below:

1 = Strongly Disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly Agree
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I WOULD SEEK HELP FROM:

Please circle the number to indicate how likely you would be to seek help from the options listed.

1 = Extremely Unlikely	2 = Unlikely	3 = Neutral	4 = Likely	5 = Extremely Likely
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

So far today, the best way to describe how I'm feeling emotionally/mentally is ...

Very poor ☐

poor ☐

ok ☐

good ☐

very good ☐

INVITATIONS

Things you might know

- Family crisis
- Separation, divorce or relationship break down
- Recent loss
- Anniversary of the death of a friend or relative
- Drug and/or alcohol dependence
- Mental illness
- Financial crisis

OFTEN ABOUT LOSS

Things you might notice

- Moody
- Distant
- Attitude change
- Increased use of drugs and/or alcohol
- Carelessness and/or risk taking
- Giving away possessions
- Putting affairs in order
- Preparing to go away

NOTICE CHANGES

Things you might hear

- Lonely
- Hopeless
- Escape
- Depressed
- Guilt
- Giving up

OFTEN SUBTLE

IF YOU THINK SOMEONE COULD BE THINKING ABOUT SUICIDE, YOU SHOULD ALWAYS ACT AS IF THEY ARE.
TALK TO A CONNECTOR OR CALL 1300 642 111

PLEASE DETACH AND FOLD YOUR POCKET GUIDE

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Please circle the number to indicate your level of agreement with each of the statements below:

1 = Strongly Disagree 2 = Disagreee 3 = Neither agree nor disagreee 4 = Agree 5 = Strongly Agree

	1	2	3	4	5
Talking openly about suicide can prevent suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my workmate was going through a difficult time feeling upset or thinking about suicide, I think I would notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my mate was going through a difficult time feeling upset or was thinking about suicide, I would be willing to offer help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my workmate was going through a difficult time feeling upset or thinking about suicide I would know how to connect him/her to appropriate help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My current worksite supports good mental health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I was going through a difficult time, feeling upset, or was thinking about suicide, I would be willing to seek help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I WOULD SEEK HELP FROM:

Please circle the number to indicate how likely you would be to seek help from the options listed.

1 = Extremely Unlikely 2 = Unlikely 3 = Neutral 4 = Likely 5 = Extremely Likely

	1	2	3	4	5
Intimate partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workmate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health professional (Psychologist, social worker, counsellor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A telephone helpline (e.g. Lifeline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MIC worker/Connector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minister or religious leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would not seek help from anyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would seek help from another not listed above (list in the space provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

So far today, the best way to describe how I'm feeling emotionally/mentally is ...

Very poor ☐ poor ☐ ok ☐ good ☐ very good ☐

SUPPORTED BY:



Would you like a follow up call from a MIC Field Officer?

☐ Yes ☐ No

Are you interested in being involved in the project as a Connector?

☐ Yes ☐ No

MATES IN CONSTRUCTION (AUST) Ltd - ABN 99 166 347 539

PLEASE DETACH AND FOLD YOUR POCKET GUIDE



General Awareness Trained – keep an eye on your mates

If you're not sure how to help your mate then talk to a Connector



A Connector is a mate who can keep you safe while connecting you to help

If the issue relates to suicide



A suicide first-aid trained person

IMPORTANT NUMBERS

MIC HELPLINE
1300 642 111

EMERGENCY SERVICES 000
POLICE 131 444
LIFELINE 13 11 14

SUICIDE CALLBACK SERVICE
1300 659 467

MENS LINE AUSTRALIA
1300 78 99 78

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POCKET
GUIDE