QPR Training Request

Please read & complete this form

QPR (Question, Persuade, Refer) is a nationally recognized suicide prevention training that has been extensively researched and proven effective. It was developed by Paul Quinnett, PhD, the founder of the **QPR** Institute, (*www.qprinstitute.com*). The Chester County Suicide Prevention Task Force (CCSPTF) delivers this program in the community with certified QPR instructors. Participants who complete the class are considered QPR Gatekeepers.

Class Size: In-person classes are capped at 30 participants. Because most of our instructors are volunteers, we want to respect their time and ask for at least 5 participants per class.

Class Time: We ask for 1.5 to 2 hours to deliver QPR. We include supplemental information to help every-day people better understand the topic and have ample time to ask questions.

Selecting Dates and Times: In the form below, please select at least 2 dates (with the time) to send with this request.

Room Set Up: QPR is delivered with a PowerPoint and embedded videos, so A/V equipment with sound is needed. If necessary, we can bring A/V equipment. The room set up should allow for participants to see the screen, but there are no other requirements. Participants do not need to take notes.

Participant Age: This class is aimed at adults, but is delivered to youth, aged 14 and up in school settings with student support. Teens under 18 taking the class outside of school should be accompanied with a supportive adult or parent.

Cost: In order to make sure this program is available to everyone in the community who wants the information, the CCSPTF offers QPR on a sliding scale. Small non-profits or community groups with limited budgets may make a donation if possible. We ask larger organizations and businesses for a $200 per-class fee for up to 30 participants. If you are unsure about the cost to your group, please don't hesitate to contact us at the email below.

Please fill out the form below. If possible, please submit 2 dates/times that would work for your class. After completing the form below, return to ccsptaskforce@gmail.com.

Name / organization making request:

Email / Phone number:

Dates and Times requested:

Estimated number of participants:

Is your organization able to cover costs:

A/V or other requirements: