



Youth Champs 4 Mental Health  
Fiji Medical Association Hall  
Corner Amy & Brown Street Suva, Fiji  
[Youthchamps4mentalheath@yahoo.com](mailto:Youthchamps4mentalheath@yahoo.com)  
Ph: (+679) 9316 307  
(+679) 8665 737  
(+679) 9706 512

## MEMBERSHIP FORM

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FULL NAME: \_\_\_\_\_

D.O.B: ..... (dd/mm/yyyy)      SEX: M / F (circle one)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE CONTACT: .....

E-MAIL ADDRESS: \_\_\_\_\_

### Please tick the appropriate answer:

1. Are you currently actively involved in any other youth group, NGO, focus group?

Yes       No

If yes, please outline them below:

.....  
.....

2. Have you received any certified training on Mental Health issues in the past year? (This includes workshop sessions facilitated by other NGOs)

Yes       No

If yes, please outline all training received along with the organisation that facilitated the training:

\_\_\_\_\_  
\_\_\_\_\_



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**3. What kind of training would you like to receive as a Youth Champ? (Tick the appropriate box)**

<input type="checkbox"/> Mental Health Facilitation	<input type="checkbox"/> Peace Building	<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Mediation	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Life Skills	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Positive Coping Mechanisms
<input type="checkbox"/> Poetry-Creative Arts	<input type="checkbox"/> Suicide Prevention	<input type="checkbox"/> Other

\_\_\_\_\_ Sign here  
Date: \_\_\_\_\_

**FOR OFFICE USE**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

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