





Suicide Prevention Community Action Plan (CAP) Expression of Interest

Your Details – to be used only for the purposes you nominate by your preferences.

Using the Lifespan Framework, the Suicide Prevention Community Action Plan (CAP) aims to bring together lived experience, health services and community efforts to support a holistic approach to suicide prevention on the Gold Coast. The plan seeks to strengthen relationships and collaboration in the planning, coordination and implementation of suicide prevention activities.

To increase the coordination and collective impact of our efforts, we would like to invite you to submit an expression of interest to join the Suicide Prevention Implementation Group or to be kept informed about our activities or have an opportunity to submit information. MHAOD@gcphn.com.au

Na	me:
En	nail:
Ph	one (Optional):
Ar	ea of Interest in the Plan (Select all that apply)
	Improving emergency and follow up care for suicidal crisis
	Using evidence-based treatment for suicidality
	Equipping primary care to identify and support people in distress
	Improving the competency and confidence of frontline workers to deal with suicidal crisis
	Promoting help-seeking, mental health and resilience in schools
	Training the community to recognise and respond to suicidality
	Engaging the community and providing opportunities to be part of the change
	Encouraging safe and purposeful media reporting
	Improving safety and reducing access to means of suicide
Co	nfirmation of Commitment:
Ιh	ave the authority to commit (including approval from organisation where applicable) Yes \Box
e im	nterested person or organisation, you can choose the level of engagement that you want to have with plementation of the plan.
2.	□ Submission of information – you and/or your organisation may be busy doing your thing and not be interested in attending meetings – you might want to submit updates of events or activities which contribute to the plan and can be shared over our network and included in reports to the community.
3.	□ Committee Member – Suicide Prevention Implementation Group - you may be a key stakeholder named in the plan, you may be a student who is doing research in suicide prevention, or you may be someone who has a wealth of knowledge from years of service who wants to share. We welcome you to use our simple process to join us in oversight of the implementation of the CAP.

For Committee membership please read the Suicide Prevention Community Action Plan (CAP) and provide the additional information overleaf.







Community Action Plan (CAP) Expression of Interest – Committee Member

The purpose of the Suicide Prevention Implementation Group (SPIG) is to provide oversight and coordination in relation to the effective and successful implementation of the Suicide Prevention Community Action Plan. A minimum commitment to the SPIG will consist of attendance at a two hour meeting held quarterly.

To Express an Interest in joining the committee, please complete the following (no more than 250 words per question):		
1.	How can you (or your organisation) contribute to the implementation of the Suicide Prevention Community Action Plan? (If you are leading or intend to lead an action or actions, please indicate which action(s)).	
2.	How can you (or your organisation) assist in the promotion of the CAP?	
3.	How can you (or your organisation) encourage collaboration or engagement in CAP Actions? (If you are already collaborating with others, please detail partners or involvement in networks)	