



HEALTH PROMOTION SERVICES(PSP)

Course Registration Form

PROTECTED B (when completed)

Please return your completed registration form to the Health Promotion Office:
 Bldg. S-18, Rm. 206, Stadacona, Fax: 721-8705

Check here if you would like to be placed on our HP distribution list for upcoming programs.

How did you hear about our program?

PSP website Marlant Bulletin Board Trident Newspaper Unit HP Rep Email Word of mouth Display

Course Requested: Managing Angry Moments		
Course Dates:		
Name:		
Rank:		
CF Affiliation:	<input type="checkbox"/> Reg. Force	<input type="checkbox"/> Reserve Force <input type="checkbox"/> CF Family Member <input type="checkbox"/> DND/NPF Civilian
Unit:		
Phone #	Daytime:	Evening:
Email Address:		

NOTE: Please have your supervisor complete the following Request for Time off Work. This must be completed along with your registration information. Additional course information (e.g., dates, timings, program description) that your supervisor may require, is available on our website.

REQUEST FOR TIME OFF WORK

This program/workshop is designed and tested specifically for the Canadian Forces. It is an integral part of the *Strengthening the Forces* Health Promotion initiative to improve the health of military personnel. Approval to attend this workshop during work time indicates the military's commitment to assist the member in developing their skills concerning this matter.

I hereby support _____'s efforts by providing time off work to allow him/her to attend the *Strengthening the Forces*' program/workshop.

Date: _____

Supervisor's Name: _____

Print Name

 Supervisor's Signature

This page does not need to be submitted to your chain of command and/or training cell. It is to be completed by you, the participant, and returned directly to the Health Promotion Services office:

Bldg. S-18, Rm. 206, Stadacona
Fax: 721-8705

Please contact Annette Huyter, HP Director, at 721-7802 with any questions or concerns about this form or the MAM program.

Managing Angry Moments (MAM)

Pre-Course Questionnaire

The purpose of the *MAM* workshop is to examine and address issues of anger (while they are still manageable) in order to prevent the possibility of their progressing to physical or verbal aggression.

MAM is not a treatment process. It is designed to explore how we currently handle feelings of anger and to learn new techniques to help us deal with anger-generating situations in a healthy way.

The following questions are being asked simply to help the facilitator understand the needs of each participant. Please answer all of the following questions:

Yes	No	
		Do you have a mental health diagnosis or are you seeing any local caregivers?
		Are you involved in any legal proceedings or have charges pending involving anger or aggression?
		Are you the subject of any administrative or disciplinary action involving anger or aggression, or have you been directed by a supervisor to attend this workshop?
		Have you been legally advised or court-ordered to participate in an anger or violence prevention program?
		Do you now or have you previously had a peace bond or restraining order against you in relation to angry or aggressive behaviour?

If you answered **yes** to any of the above questions, then this workshop **may** not be best suited to your needs at this time. While any of these situations does not necessarily prevent you from participating in this workshop, you will need to discuss these potential concerns prior to the course with the facilitator.

Name of Participant

Signature of Participant