



50<sup>th</sup>  
Anniversary

International Association for Suicide Prevention (IASP)



**Address: International Association for Suicide Prevention (IASP)**  
National Centre for Suicide Research and Prevention  
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## Acknowledgement Scheme for Good Practices of Suicide Prevention Programme

### Nomination Form

To be completed for each nomination by the head/ responsible person overseeing the suicide prevention programme. Each nomination should be supported by the National Representative of your country/city and sent to [csr@hku.hk](mailto:csr@hku.hk) on or before **June 30th, 2011**.

#### Part A. General information

**1. Name of the programme**

**2. Names and titles of the heads/ responsible persons**

2.1 Prof./Dr./Ms/Mr/Mrs    Last name    First name    Job title

2.2

2.3

**3. Organization(s) of the programme is part of / or attached to:**

Name / nature of the organization

Hospital    Government    Non-Governmental Organization    Private Sector

University Institutes    Others, Please Specify

**4. Contact details (complete mailing address)**

Country/ City / Region and Postal code (if any)

Registration zone: (please refer to the Appendix at the end of the form)

Zone 1    Zone 2    Zone 3    Zone 4

**President - Dr. Lanny Berman**  
**1st Vice President - Professor Heidi Hjelmeland**  
**2nd Vice President - Professor Paul Yip**  
**3rd Vice President - Dr. Ella Arensman**

**Treasurer - Professor Michael R. Phillips**  
**General Secretary - Dr. Tony Davis**  
**Chair, Council of National Representatives - Professor Murad Khan**  
**Chair, Council of Organisational Representatives - Dr. Jerry Reed**

Tel no.: Country code Area code no.

Fax no.: Country code Area code no.

Email (if any):

Website (if any):

## **Part B. Details of the programme**

### **5. Mission/ Objectives (max. word limit = 900)**

### **6. Conceptual model/ Theoretical framework/Risk or protective factors addressed (max. word limit = 900)**

### **7. Target populations**

#### **7.1 Gender :**

Males Females Both

#### **7.2 Age group**

Children Youth Young Adults Adults Elderly

#### **7.3 Types**

General Population

High Risk Group: a) Ideator b) Attempter c) Deceased

Helping Professions, Please choose:

a) General Physicians b) Psychiatrists c) Nurses d) Social Workers

e) Psychologists f) Others, please specify

Suicide Survivors

Gatekeepers

Volunteers

Others, please specify

**7.4 How do you identify and recruit the target populations?  
(max. word limit = 900)**

**8 Programme description (max. word limit = 900)**

**9 Output indicators (e.g. no. of hours served, no. of people helped)**

**9.1 9.2 9.3**

**9.4 9.5 9.6**

**10 Outcome indicators (e.g. level of depression, suicide risks)**

**10.1 10.2 10.3**

**10.4 10.5 10.6**

**11 Programme evaluation**

**Yes No N/A**

**If yes, please answer items of 11.1 – 11.4:**

**11.1 Design and measurement tools of evaluation (if any)  
(max. word limit = 900)**

**11.2 Who conducted the evaluation?**

Self-evaluation      External party, please specify

**11.3 Results (if any) (max. word limit = 900)**

**11.4 Have the results been published?** Yes      No

If yes, please specify details of the publication(s)

**12 Impact/Significance of the programme (i.e. does it better inform theory/  
practice/policy making for suicide prevention?) (max. word limit = 900)**

**13 Sustainability/ Replication (i.e. how is the programme being sustained or replicated in other settings?) (max. word limit = 900)**

**14 Limitations (if any) (max. word limit = 900)**

**15 Reference (please list contact details of someone, with a brief identification by title or position, who knows your programme well and can act as reference and comment on the programme) (max. word limit = 900)**

**16 Other participating/ supporting people/ parties involved in the study (max. word limit = 900)**

**Part C. Comment(s) from National Representative (max. word limit = 900)**

**I therefore agree to nominate this program  
for a prize of the Acknowledgement Scheme**

**Name/Title**

**Date**

**Part D. Statement of the head(s)/ responsible persons**

I confirm that:

1. the programme has been carried out to the target populations(s) exactly as above-mentioned;
2. the target population(s)'s right, safety, and privacy have been well protected in accordance to laws and regulations of my country / city / region and organization;
3. I fully agree to be nominated to be reviewed by the Selection Panel. If the programme is selected for acknowledgement, information in this form is permitted to be included in the "programme brochure" of the gala dinner of the 3rd Asia Pacific Regional Conference of International Association for Suicide Prevention.

**Date**

**Name/Title**

**Appendix: Registration Zones**

**Zone 1**

Andorra, Antilles, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, Brunei, Canada, Cayman Islands, Channel Islands, Cyprus, Denmark, Faeroe Islands, Finland, France, French Polynesia, Germany, Greece, Greenland, Guam, Hong Kong, Iceland, Ireland, Israel, Italy, Japan, South Korea, Kuwait, Liechtenstein, Luxembourg, Macao, Malta, Monaco, Netherlands, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Portugal, Qatar, Singapore, Slovenia, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom, United States of America, Virgin Islands.

**Zone 2**

American Samoa, Antigua and Barbuda, Argentina, Belize, Botswana, Brazil, Chile, Costa Rica, Croatia, Czech Republic, Dominica, Estonia, Gabon, Grenada, Hungary, Latvia, Lebanon, Libya, Lithuania, Malaysia, Mauritius, Mayotte, Mexico, Oman, Palau, Panama, Poland, Puerto Rico, Russian Federation, Saudi Arabia, Seychelles, Slovak Republic, South Africa, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Taiwan, Trinidad and Tobago, Turkey, Uruguay, Venezuela.

**Zone 3**

Albania, Algeria, Angola, Armenia, Belarus, Bolivia, Bosnia and Herzegovina, Bulgaria, Cape Verde, China, Colombia, Cuba, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Fiji, Georgia, Guatemala, Guyana, Honduras, Indonesia, Iran, Jamaica, Jordan, Kazakhstan, Kiribati, Macedonia, Maldives, Marshall Islands, Micronesia, Morocco, Namibia, Paraguay, Peru, Philippines, Romania, Samoa, Serbia and Montenegro, Sri Lanka, Suriname, Swaziland, Syrian Arab Republic, Thailand, Tonga, Tunisia, Turkmenistan, Ukraine, Vanuatu, West Bank and Gaza.

**Zone 4**

Afghanistan, Azerbaijan, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Comoros, Congo, Dem. Rep., Congo, Rep., Cote d'Ivoire, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, India, Iraq, Kenya, North Korea, Kyrgyz Republic, Laos, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Moldova, Mongolia, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Papua New Guinea, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sudan, Tajikistan, Tanzania, Timor-Leste, Togo, Uganda, Uzbekistan, Vietnam, Yemen, Zambia, Zimbabwe.