**Suicide Prevention Toolkit for DHBs – Resource submission form**

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| **Submitter’s details** | |
| Name |  |
| Position title |  |
| DHB of employment/organisation (if applicable) |  |
| Phone |  |
| Email |  |
| **Resource details** | |
| Name of resource |  |
| Web-link (if applicable) |  |
| **Criteria – briefly explain how this resource:** | |
| Is relevant to other DHBs |  |
| Is based on /informed by evidence |  |
| Has been evaluated/is to be evaluated |  |
| **Briefly explain how you have used this resource** | |
|  | |
|  | |

**Note: Please consider whether this resource can stand alone/ is self-explanatory. Are acronyms or terminology used that need explanation or accompanying narrative text to ensure understanding by other audiences? If so, please also include these as part of your submission.**

**Please email this form and a copy of the resource to:**

[DHBsuicidepreventiontoolkit@moh.govt.nz](mailto:DHBsuicidepreventiontoolkit@moh.govt.nz)