| **First name:** |  | **Surname:** |  |
| --- | --- | --- | --- |
| **County:** |  | | |
| **Daytime No:** |  | **Evening No:** |  |
| **Mobile No:** |  | **Email:** |  |

| **Please tell us if you have any preferences for how we can contact you:** |
| --- |
| E.g. Please don’t call between 9am – 5pm Mon – Friday |

| **Please tell us in the boxes below how you meet the specified criteria** |
| --- |

| **Lived experience of a mental health problem:** |
| --- |
|  |

| **[Essential criteria 2 – Enter Here]:** |
| --- |
|  |

| **[Essential criteria 3 – Enter Here]:** |
| --- |
|  |

| **[Essential criteria 4 – Enter Here]:** |
| --- |
|  |

| **[Essential criteria 5 – Enter Here]:** |
| --- |
|  |

| **Additional Information:** |
| --- |
|  |

| **Please enter the location and/or date you would like to be considered for:** | | | |
| --- | --- | --- | --- |
| **[Enter Location and date]:** | Yes / No | **[Enter Location and date]:** | Yes / No |

| **We may record (audio/visual) the activity to ensure all feedback  is captured for the purposes of influencing our work.**  **No copy will be kept, we will destroy the recording once the content has been analysed.  You will also remain anonymous at all times on the recording.**  **Please confirm you are happy for this to take place** | Yes / No |
| --- | --- |

| **Please tell us if you have any specific requirements or need support to participate:** |
| --- |
| E.g. If you require someone to accompany you to the workshop |

Please return this form to [Enter a specific person and organisation] by: [Enter deadline]

* E-mail attachment to: [Enter e-mail address]
* Or post to: [Enter postal address] to arrive by [Enter close time and deadline].

|  |
| --- |
| **[Enter your data protection statement]** |