Mental Health Champion Application Form

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| Name: |  | | |
| Contact number: |  | Job title: |  |
| Team: |  | Base |  |
| Email: |  | | |
| Why are you interested in becoming a Mental Health Champion? | | | |
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| What skills and experiences can you bring to the role of a Mental Health Champion? | | | |
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| What support do you think you’ll need as a Mental Health Champion? | | | |
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| Why do you think mental health awareness in the workplace is important? | | | |
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| Do you undertake any other voluntary commitments alongside your role? | | | |
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Thank you for expressing interest in being a Mental Health Champion.