

CBP-001

**Capacity Building Programme – Expression of Interest**

**A mentored programme for mental health service users or their family carers (SHSCT area)**

PLEASE WRITE OR TYPE CLEARLY. If you need help to complete this form or access further information, you can contact us using details at the foot of this page.

Please select one:

|  |  |
| --- | --- |
| **Consultation & Lived Experience Feedback Group (**by email) |  |
|  | |
| **Lived Experience Involvement in *occasional* projects only** |  |
|  | |
| **Stage 1 of the full structured Capacity Building Programme**  (Initial stage of our structured weekly mentorship programme for personal development & coproduction) |  |
|  | |
| Internal use only - Stage 2 of the structured Capacity Building Programme |  |
| Internal use only - Stage 3 of the structured Capacity Building Programme |  |
| Internal use only - Stage 4 of the structured Capacity Building Programme |  |
| Internal use only - Stage 5 of the structured Capacity Building Programme |  |

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| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Mobile telephone** |  |
| **Email address**  (main communication method) |  |

Please indicate Yes or No for each line:

|  |  |
| --- | --- |
| In the past or present, I’ve used mental health services or accessed community therapy by GP referral | Yes/No |
| In the past or present, I’ve been a family carer for someone who has used mental health services | Yes/No |
| I can identify with both of the above | Yes/No |

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| **The Forum can contact me using Email**  Inc Programme communications, Forum mailshots/member newsletter | Yes/No |
| **Phone or Text** | Yes/No |

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| I understand that some essential communications from the Charity, I may occasionally receive by post |
| Address: |
|  |
| Postcode: |
|  |

|  |  |
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| **How I heard about the programme** |  |

|  |  |
| --- | --- |
| **I have regular reliable access to a printer and a computer or digital device that has internet connection and antivirus software.**  **I am familiar with WORD and PDF documents, and can browse the internet, and comfortably and regularly use email.**  **I can use my computer’s digital calendar.**  **I can use zoom video conferencing.** | Yes/No  Yes/No  Yes/No  Yes/No |

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| **Level of IT knowledge/comfort.**  (Some entry-level instruction is available as part of the programme, and we can also direct you to courses and classes to build skills further) | Learner/Do ok/Confident |

|  |  |
| --- | --- |
| **I have reliable access to a car or public transport for attending meetings and mentoring sessions** | Yes/No |

If a place is offered, there will be no charge for accessing this programme, however it does require a significant level of team-working and personal commitment within framework of your existing family and work life.

* In stage 1 and the structured programme, this includes attendance by zoom for weekly mentoring and discussion sessions (currently Wed 6.30pm – 7.30pm)
* In the consultation group and the task and the occasional project group, this includes responsibility to reply to CBP related emails.

All members are required to abide by terms of the Mental Health Forum Code of Conduct

The programme also requires a consistent and adequate level of personal wellness, and application of a learning mindset. (Supports and information available)

You will be allocated a mentor to guide and support your unique programme journey.

|  |  |
| --- | --- |
| I understand and agree that the information provided by me on this form will be used to:  \*Record my ongoing membership of The Mental Health Forum until such time as I  choose to end that by notification in writing to the registered office or by email.  \*Record and coordinate my membership of any Forum Capacity Building Programme  Pathway element I am accepted into during my membership of the organisation.  \*Facilitate communications in relation to The Mental Health Forum and its activity.  \*Record and coordinate mutually agreed Forum associated Coproduction activity.  \*Facilitate effective communication within any coproduction activity group or team I  contribute my lived experience to as a member of the Forum. | Yes/No |

**I confirm I have read and understand the above**

**and that while a member, I will be required to act in accordance with the Mental Health Forum’s Code of Conduct.**

**🖉**Date

**🖉**

This Programme is for self-referral only, and is currently only open to those over 18yr or older who live in the catchment area of Southern Health & Social Care Trust, and who have experiences of statutory or GP referred mental health services as either a carer or service user.

**Please return this form or any enquiries to – Elaine Fogarty, Project Development Officer**

**The Mental Health Forum, Ballybot House, 28 Corn Market, Newry. BT35 8BG.**

**We can also accept pdf scanned versions by email to elainefogarty42@gmail.com**

Please also monitor your email for contact from elainefogarty42@gmail.com and add this to your contact list and adjust your SPAM/JUNK filters. Thank you.