

**Capacity Building Programme – Expression of Interest**

**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**

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| **Core Consultation & Lived Experience Feedback Group** |  |
| Task & Finish Projects Coproduction Group |  |
| Hosting & Hospitality Group |  |
| Community Awareness & Training Group |  |
| **Stage 1 of the structured Capacity Building Programme** |  |
| Stage 2 of the structured Capacity Building Programme |  |
| Stage 3 of the structured Capacity Building Programme |  |
| Stage 4 of the structured Capacity Building Programme |  |
| Stage 5 of the structured Capacity Building Programme |  |

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

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| 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 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** |  |

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| **Please indicate your understanding of coproduction and involvement with services and tell us what makes you passionate about being part of it.**  (up to 60 words) |
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| **I have regular reliable access to a computer or digital device that has internet connection, and antivirus software, and can be used by me for secure email, digital calendar, zoom video conferencing, visiting websites, and working with documents in WORD and PDF** | Yes/No |

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| **Level of IT knowledge/comfort re using all of the above.**(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 |

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| **I have reliable access to a car or public transport in order to attend 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. It also requires a consistent and adequate level of personal wellness, and application of a learning mindset.

You will be contacted soon to discuss this opportunity in more detail. If there is mutual agreement to proceed, you will have opportunity to meet face to face informally for conversation. You will be allocated a personal mentor who will guide and support your unique pathway through the programme.

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| I understand and agree that the information provided by me on this form will be used to:\*Record my membership of The Capacity Building Programme\*Facilitate regular internal communications in relation to The Mental Health Forum \*Record and coordinate agreed Forum associated Coproduction activity.\*Facilitate effective communication within any coproduction activity group I contribute  my lived experience to as a member, by sharing with the other members. | Yes/No |

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

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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.