



**Mind in Harrow**

# **Certificate in Mental Health Training**

## **Project registration pack**

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SUTP / 1



**Mind in Harrow**

## **Project registration form Service user led training project**

Date.....

Name.....

Address.....

.....

Tel no.....

Email.....

Any other contact details you would like to give?

.....

.....

.....

Do you feel there are any difficulties that you may need support with to enable you to join the project?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered yes to the previous question please explain below.

<p>Please attach another sheet if required</p>
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Please tell us why you are interested in registering with the project?

Please attach another sheet if required

What are you hoping to get from the project?

Please attach another sheet if necessary

What can you tell us about your employment history – paid or voluntary?

Please attach another page if required

Please list any qualifications you hold

Please attach another sheet if required

Please list any training you have undertaken

Please attach another sheet if required

Is there anything else you would like to tell us?

Please attach another sheet if required

Do you agree to work within the policies and procedures of Mind in Harrow? E.g.

- Health and safety
- Confidentiality
- Equal opportunities

Please read and sign

I understand and agree that joining the project means I will undertake training in order to build skills towards becoming a volunteer trainer or another related role

Signature of project member.....

Signature of coordinator.....



Mind in Harrow

## Expert Perspectives in Training - monitoring form

**1. Date of registration with the project**

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**2. Are you a new project member?**

Yes		No	
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**3. Have you volunteered for the project in the last 6 months?**

Yes		No	
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**4. Have you ever volunteered for any other organisation or project?**

Yes		No	
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**5. Sex**

Male	
Female	

**6. Employment status**

Employed full time?	
Part time?	
Unemployed?	
Student / training scheme?	
Primary carer	
Sick / incapacity?	
Retired?	
Never in paid employment?	
Other	

**7. specific needs**

Do you consider yourself to have specific support needs?	Yes		No	
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## 8. Ethnic group

White - British	
White - Irish	
White – any other white background(please state)	
Mixed – White and Black Caribbean	
Mixed – White and Black African	
Mixed – White and Asian	
Mixed – any other mixed background (please state)	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	
Asian or Asian British – any other Asian background (please state)	
Black or Black British - African	
Black or Black British - Caribbean	
Black or Black British – Any other Black background (please state)	
Chinese	
Other ethnic group (please state)	
Chosen not to disclose	

## 9. Age

Under 16 years	
16 – 25 years	
26 – 55 years	
55 – 64 years	
65+ years	
Chosen not to disclose	

**N.B.**

This information will be kept confidential and only used for monitoring audit purposes.

# **CONFIDENTIAL**

## **Mind in Harrow**

### **Monitoring Form**

This information will be used for us to ensure that we are providing a service to all sections of the population. If you do not feel comfortable about filling in any part of this form, you are not required to do so.

The information is anonymous and will be kept separate from your personal details.

**1. Age Range:**

- 20 and under
- 21 – 35
- 36 – 50
- 51 – 65
- 66 +

**2. Ethnic Origin: Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.**

**2A. White**

- British
- Irish
- Any other
- White background
- Please write in.....

**2B. Mixed Parentage**

- |                           |                         |
|---------------------------|-------------------------|
| White and Black Caribbean | White and Black African |
| White Asian               | Any other Mixed         |

background,

Please write in  
.....

**2C. Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian

background,

Please write in

.....

**2D. Black or Black British**

Caribbean

African

Any other Black background,

Please write in

.....

**2E. Chinese or other ethnic group**

Chinese

Any other, please write in

.....

**3. Disability (Please circle)**

**Do you consider yourself disabled?**

Yes / No

**If YES please tick:**

Physical disability

Sensory impairment

Learning disability

Mental ill health

**4. Religion**

**This question is voluntary.**

**Choose one box only to tick.**

None

Christian

(including Church of England, Catholic, Protestant and  
Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion,

Please write in

.....

**5. Gender: (Please circle)**

Male / Female

**6. Please choose one of the categories below which is relevant to you:**

Service User

Project .....

Recruitment

Post .....

Volunteer

Project .....

Staff

Trustee

**DATE FORM COMPLETED**

.....

**For Office Use Only:**

<b>Date Entered</b>	
<b>Entered by</b>	
<b>Number</b>	

**Risk Assessment Form**

If you were at risk what would it be (please circle)

Self-harm

Harming other

Victim of harm from another

Panic Attacks

Other

Please describe -----  
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