

**Interventions for Mental Health in Everyday Practice
(IMHEP)**

A Training Programme to Develop the Skills of Front Line Staff

Application Form

Name _____

Position/Job Title _____

Workplace/Organisation _____

Address _____

Postcode _____

Tel _____ Fax _____

Email _____

In order to help us to plan appropriate aids and adaptations to enable staff with a disability to come on our courses, please state any equipment or help you may need

Course Dates for 2009 to 2010

Each course is for two successive days

Each day is from 9.30 am to 4.30 pm.

Participants will need to attend both days to complete the training.

Please indicate which course you are applying for.

Wednesday 18th and Thursday 19th November 2009 at The Grange, Pilgrim Drive, Beswick.

Tuesday 15th and Wednesday 16th December 2009 at Windrush Millennium Centre, Alexandra Rd, Moss Side.

Thursday 21st and Friday 22nd January 2010 at Cariocca Centre, Sawley Rd, Miles Platting.

Wednesday 17th and Thursday 18th February 2010 at The Grange, Pilgrim Drive, Beswick.

Tuesday 16th and Wednesday 17th March 2010 at Cariocca Centre, Sawley Rd, Miles Platting.

Manager's Agreement:

I confirm that I support this application. I will ensure the applicant is freed from his/her normal duties for two full days in order to attend.

Manager's name (*please sign*) _____

Manager's name (*please print*) _____

Applicant's signature:

Dated: _____

Please return this form to:

Douglas Inchbold
Public Health Development Manager
Manchester Public Health Development Service
Victoria Mill
Lower Vickers St. (off Varley St.)
Miles Platting
Manchester. M40 7LJ

Tel. 0161 861 2905

Fax. 0161 203 5817

www.mphds.org

Manchester Community Health,
NHS Manchester

MONITORING INFORMATION

*(This section of the Course Nomination Form is confidential.
It will be detached and will be used for monitoring purposes only)*

Name of Course	
Date of Course	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose

I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this	
Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose this

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other

IMHEP 2009