**Mentally Healthy Leeds Registration Form**

If you would like to register for Mentally Healthy Leeds (MHL) groups, events, and/or training please use this form. If you have any questions about registering to MHL, please speak with a member of staff and/or volunteer. The data you provide will remain safe and secure in accordance with law (GDPR). Please visit <https://www.touchstonesupport.org.uk/privacy-policy/> to view Touchstone’s privacy policy.

**Participant Details**

|  |  |
| --- | --- |
| **Title:** |  |
| **First Name(s):** |  | **Surname(s):** |  |
| **Preferred Name:** |  | **Date of Birth:** |  **/ /** |
| **Gender** | Female (including trans women) [ ]  Male (including trans man) [ ]  Non-Binary[ ]  |
| Prefer Not to Say [ ]  Other (please state):  |
| **Ethnicity** | **Asian** |
| Bangladeshi [ ]  Chinese [ ]  Kashmiri [ ]  Indian [ ]  Pakistani [ ]   |
| Any other Asian background (please state): |
| **Black** |
| African [ ]  Black British [ ]  Caribbean [ ]  Any other Black background (please state):  |
| **Mixed** |
| Black & Asian [ ]  White & Asian [ ]  White & Black Caribbean [ ]   |
| White & Black African [ ]  Any other Mixed background (please state):  |
| **White** |
| White British [ ]  Irish [ ]  Gypsy/Traveller [ ]  Any other White background (please state):  |
| **Other Ethnic Groups**  |
| Middle Eastern [ ]  Any other Ethnic background (please state): |
| Prefer not to say [ ]  |
| **Sexuality** | Bisexual [ ]  Gay [ ]  Heterosexual [ ]  Lesbian [ ]  Prefer not to say [ ]  |
| Other (please state):  |
| **Religion** | Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]  Muslim [ ]  Sikh [ ]  No Religion [ ]  |
| Prefer not to say [ ]  Other (please state):  |
| **Residency** | British Citizen [ ]  EU National [ ]  Refugee[ ]  Destitute [ ]  Asylum Seeker [ ]  Foreign Student ⬜ Prefer not to say ⬜ Other (please state): |
| **Disability** | Learning [ ]  Physical [ ]  Sensory[ ]  Mental Health [ ]  None [ ]  |
| Prefer not to say [ ]  |
| If you have ticked Learning, Physical, Sensory, and/or Mental Health above please provide further information and state any reasonable adjustments you may need below: |
|  |
|  |
| **Languages Spoken:** |  |
| **Do you require support with communication?** | Yes [ ]  No [ ]  |
| **If yes, please state what support you require:** |  |

**How did you find out about this group, event, or training?**

|  |
| --- |
| Community Mental Health Team [ ]  Carer [ ]  Family Member [ ]  GP [ ]  Health Service [ ]  |
| Police [ ]  Social Care [ ]  3rd Sector Organisation [ ]  School [ ]  Probation [ ]  Unknown [ ]  Other (please state): |

**Contact Details**

|  |  |
| --- | --- |
| **Phone Number:** |  |
| **Email Address:** |  |
| **House Address:** |  |
| **Postcode:** |  |

**Emergency Contact Details**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Relationship to you:** |  |
| **Phone Number:** |  |

**Permissions**

Photographs, videos, and case studies are used to share the experiences of our participants in order to demonstrate the difference our work is making. Any photographs or videos taken, or case studies written, may be used on Touchstone’s and MHL’s social media pages, website, presentations, and other printed or online publications (i.e. MHL advertisements and reports). Participants remain anonymous within the case studies and no identifying data is used.

**I give permission to MHL to take photos and videos of me:** Yes [ ]  No [ ]

**I give permission to MHL to use my information within a case study:** Yes [ ]  No [ ]

**Keep in touch with us**

*Please tick the boxes below to tell us all the ways you would prefer to hear from us:*

I would like to receive communications by email: Yes [ ]  No [ ]

I would like to receive communications by telephone: Yes [ ]  No [ ]

I would like to receive communications by text message: Yes [ ]  No [ ]

I would like to be kept regularly updated via email about MHL: Yes [ ]  No [ ]

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Signature:** |  | **Date:** |  **/ /** |