**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:** | **/ /** |