

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) <input type="checkbox"/> Male (including trans man) <input type="checkbox"/> Non-Binary <input type="checkbox"/>		
	Prefer Not to Say <input type="checkbox"/> Other (please state):		
Ethnicity	Asian Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Kashmiri <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background (please state):		
	Black African <input type="checkbox"/> Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background (please state):		
	Mixed Black & Asian <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> Any other Mixed background (please state):		
	White White British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Any other White background (please state):		
	Other Ethnic Groups Middle Eastern <input type="checkbox"/> Any other Ethnic background (please state):		
	Prefer not to say <input type="checkbox"/>		
Sexuality	Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please state):		
Religion	Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No Religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please state):		
Residency	British Citizen <input type="checkbox"/> EU National <input type="checkbox"/> Refugee <input type="checkbox"/> Destitute <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Foreign Student <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please state):		
Disability	Learning <input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Mental Health <input type="checkbox"/> None <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		
	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 <input type="checkbox"/> No <input type="checkbox"/>		
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:	/ /

For Admin Use Only	
Name of Group, Event, or Training:	
Date:	Worker:
PSOCC Client Number: TCHSTN	