

Understanding Mental Health
An introductory course to understanding mental health and mental health problems

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

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Course Dates for 2009 to 2010

Each course is for three and a half hours hours,

Please indicate which course you are applying for.

Tuesday 10th November 2009. 9.30 am to 1 pm, at The Grange, Pilgrim Drive, Beswick.

Wednesday 9th December 2009. 1 pm to 4.30 pm, at Cariocca Centre, Sawley Rd, Miles Platting.

Thursday 14th January 2010. 9.30 am to 1 pm, at King's House, Sidney St (near Oxford Rd), Manchester.

Tuesday 9th February 2010. 1 pm to 4.30 pm, at The Grange, Pilgrim Drive, Beswick.

Thursday 11th March 2009. 9.30 am to 1 pm, at Withington Community Hospital, Nell Lane, Didsbury.

Manager's Agreement:

I confirm that I support this application. I will ensure the applicant is freed from his/her normal duties for the half day 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
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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
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IMHEP 2009