Registration form to become a

Public Contributor at the IMH

Please print your answers in BLOCK CAPITALS

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| --- | --- |
| Surname: | First Name |
| Mr/Mrs/Ms/Dr/Other | Tel number: |
| Home address: | |
| Email: | |
| Please tick your preferred methods of contact:  Post  Email  Text  Phone call | |
| Who should we contact in an emergency? | |
| Name: | Relationship: |
| Contact number: | Address: |
| I am a (tick as many as apply):  Service User  Carer/relative/friend  Student  Member of the general public  Other (please state): | |
| **References**  Please provide the names and full contact details of two people who have agreed to supply a reference.  Referees can be people that you know from employment, volunteering, training, clinical care, professionals, who have known you for three years or more.  If it is genuinely not possible for you to get a reference from the above, please provide details of personal acquaintances. These cannot be family or someone you have a financial arrangement with.  Please note that all reference requests may be followed up and verified by the Institute of Mental Health. | |
| Name:  Address:  Postcode:  Contact phone number:  Email:  Relationship to you:  Number of years the referee has known you: | Name:  Address:  Postcode:  Contact phone number:  Email:  Relationship to you:  Number of years the referee has known you: |

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| **Reimbursement of expenses and participation payments**  You need to complete a separate form called *Miscellaneous Payments – Payroll Information*. Payments are normally made by BACS. If alternative arrangements have been agreed, explain them here.  Your attention is drawn to the fact that some payments may affect welfare benefits payments or tax liabilities. You are advised to check with the Benefits Agency and/or the HMRC as appropriate. | |
| **Rehabilitation of Offenders Act 1974**  Having a criminal record will not necessarily bar you from acting as a Public Contributor at the Institute of Mental Health; however failure to reveal information relating to any convictions could lead to withdrawal of a placement.  I understand that Public Contributor roles may not be protected by the Rehabilitation of Offenders Act 1974 and that I must disclose all information about all convictions in a court of law, no matter when and where they occurred, after completing this form and before taking up any opportunity offered to me. Due to the special nature of some roles, prospective Public Contributors may be subjected to a check with the Disclosure and Barring Service. | |
| Are you currently bound over or have you ever been convicted of a criminal offence in the UK or any other country?  Yes  No | Are you aware of any current Police investigation in the UK or any other country following allegations made against you?  Yes  No |
| If you answered ‘Yes’ to either of the questions above, please give details | |
| Declaration  I understand that in order to be considered for a role as a registered Public Contributor I will be asked to produce evidence of identity and home address.  I declare that the information given on this form is true and complete, to the best of my knowledge. I understand that any false information may result in the withdrawal of my role as a registered Public Contributor.  Signed ………………………………………………………………… Date………………………………………………………………………. | |