

Please complete this form to apply for a place on our MHFA instructor training programme.

**Application  
for instructor  
training**

**1. Your contact details**

Full name:	Job title:
Home address:	Organisation:
	Business address:
Post code:	Post code:
Tel:	Tel:
Email:	Email:
Which is the best way to contact you (work/home)?	

**2. Your sector**

Statutory (e.g. NHS and Local Authority)

Voluntary (National remit or with revenue £1m +)

Voluntary (revenue less than £1m)

Self employed/independent

Private sector employed

**3. Please indicate your first and second choice of programmes**

	Programme number*	Location
1st choice		
2nd choice		

\*Please see [www.mhfaengland.org](http://www.mhfaengland.org) for further information and details of our programmes

**4. Do you have any specific dietary or access needs**

Yes

No

If yes, please provide more details



**Q 2** What are the three key benefits of training with MHFA England?

**Q 3** What are your personal/professional experiences in the field of mental health, including any relevant qualifications?

**Q 4** What experiences/qualifications do you have that would enable you to effectively conduct training sessions?

**Q 5** What experience do you have in effectively networking with mental health services and community groups?

**Q 6** What support is your employer able to give you to be a MHFA instructor?

**Q 7** What are the key skills needed to be an effective MHFA instructor?

**Q 8** In your experience, what would you do if, during one of the MHFA training sessions you are running, one of the participants becomes distressed or approaches you about their personal mental health problems?

**Q 9** What are your three key reasons for wanting to be a MHFA instructor?

**Q 10** Do you have any other skills or experiences that may be relevant?

There are a very limited number of places available at a reduced cost.

If you wish to apply for one of these places please explain why you think you may be eligible. Include details of any other organisations you may have approached for funding.

## Declarations:

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I am fully aware that any false statement may be sufficient cause for rejection.

Yes, I am able to commit to the time needed to train, deliver MHFA and attend at least one network and development day per year.

**Signed:**

**Date:**

## MHFA England: Cancellation policy

If I cancel within 21 days of the first date of the training course MHFA England CIC reserve the right to charge 70% of the delegate's fee. I understand that if I cancel within seven days, do not attend, or do not complete the training programme, I will be charged at the full rate. Cancellations must be sent in writing to MHFA England CIC, [info@mhfaengland.org](mailto:info@mhfaengland.org) and are only valid once receipt has been confirmed.

Yes, I have read, understood and agree to abide by MHFA England's cancellation policy.

**Signed:**

**Date:**

Please send completed application and letter of support to:

- **By email:** [info@mhfaengland.org](mailto:info@mhfaengland.org)
- **By post:** Mental Health First Aid England, Downstream Building, 1 London Bridge, London SE1 9BG
- Please do not include CVs as these will not be considered

## Fees and payment

The fee for instructor training is **£1,900 + VAT**.

Please **do not send payment** with the application form as invoices will only be sent when places are allocated.

The training course is non-residential and participants must arrange their own accommodation.