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Cornwall Mental Health Project

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APPLICATION FORM TO BECOME A SERVICE USER REPRESENTATIVE

User representation is a two way process. One aspect is about representing User concerns, providing a User perspective on issues and ensuring that User views are taken into account. In essence it is about supporting, promoting and protecting the rights of service Users. Please provide us with the following information which will be treated confidentially. Nicki, Lesley or Jenny will then arrange to meet up with you.

NAME:

ADDRESS

CONTACT NUMBER:

E-MAIL:

MOBILE:

1. WHAT INTERESTS YOU IN BECOMING A SERVICE USER REPRESENTATIVE?

2. DO YOU HAVE ANY PARTICULAR PERSONAL SKILLS & EXPERIENCE WHICH YOU FEEL COULD BENEFIT THE WORK OF THE GROUP? IF SO PLEASE OUTLINE THEM HERE.

3. ARE YOU PRESENTLY USING MENTAL HEALTH SERVICES?

YES NO

If yes can we let your Care Co-ordinator know you are interested in being a User representative?

Name of Care Co-ordinator

Tel No:

If no, is there someone we can contact for a reference?

Name:

Address:

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ANY OTHER INFORMATION YOU WOULD LIKE US TO HAVE?



Cornwall Mental Health Project

**SERVICE USER REPRESENTATIVE
CONFIDENTIALITY AGREEMENT**

I understand that in my role as a Service User Representative

I may be given information that is confidential. This may be in a variety of ways i.e. personal information from another Service User or personal information as part of the interview process or information given at any meetings I attend. I agree not to disclose such information to a third party unless there is a risk to the individual concerned or others.

Signed:.....

Date:

**Please return the completed form to:
Cornwall Mental Health Project, 2 Princes Street, Truro, TR1 2ES**