



Service User Database Registration Form

Any information provided on this form will be kept strictly confidential and will only be seen by MHRN staff

<p>Your Personal Details:</p> <p>Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other <input type="text"/></p> <p>Name: _____</p> <hr/> <p>Address: _____</p> <hr/> <p>Post Code: _____</p> <hr/> <p>Telephone: _____</p> <p>May we leave a message? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>Mobile: _____</p> <p>May we leave a message? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>Email: _____</p> <hr/> <p>Preferred contact method: _____</p> <hr/> <p>Demographic Info:</p> <p>Ethnicity:</p> <table border="0"> <tr> <td><input type="checkbox"/> White British</td> <td><input type="checkbox"/> Asian British</td> </tr> <tr> <td><input type="checkbox"/> White Irish</td> <td><input type="checkbox"/> Asian Indian</td> </tr> <tr> <td><input type="checkbox"/> White Other</td> <td><input type="checkbox"/> Asian Pakistani</td> </tr> <tr> <td><input type="checkbox"/> Mixed White/Asian</td> <td><input type="checkbox"/> Asian Other</td> </tr> <tr> <td><input type="checkbox"/> Black British</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Black African</td> <td><input type="checkbox"/> Mixed other</td> </tr> <tr> <td><input type="checkbox"/> Black Caribbean</td> <td><input type="checkbox"/> Other Group</td> </tr> <tr> <td><input type="checkbox"/> Black Other</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mixed White/Black</td> <td></td> </tr> </table>	<input type="checkbox"/> White British	<input type="checkbox"/> Asian British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> White Other	<input type="checkbox"/> Asian Pakistani	<input type="checkbox"/> Mixed White/Asian	<input type="checkbox"/> Asian Other	<input type="checkbox"/> Black British	<input type="checkbox"/> Chinese	<input type="checkbox"/> Black African	<input type="checkbox"/> Mixed other	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Other Group	<input type="checkbox"/> Black Other		<input type="checkbox"/> Mixed White/Black		<p>About You:</p> <p>Some of the research we are involved in concerns specific mental health conditions. If you have been diagnosed with a mental health condition and are happy to do so, please tell us your diagnosis here:</p> <hr/> <p>Have you had experience of being detained under the Mental Health Act? _____</p> <hr/> <p>What hospital are you currently or have you previously received treatment under: <i>(this will help us identify what trust you fall under for involvement opportunities)</i>. _____</p> <hr/> <p>Have you been involved in any MHRN studies in the past, if so what was the name of the study? _____</p> <hr/> <p>Do you have research qualifications? <i>(please provide details)</i> _____</p> <hr/> <p>Have you attended any training courses to do with research? <i>(please provide details)</i> _____</p> <hr/> <p>Do you have any other skills, experience or qualifications you think may be relevant? <i>(please provide details)</i> _____</p> <hr/> <p>What kind of involvement opportunities are you interested in?</p> <p><input type="checkbox"/> Questionnaire Design</p> <p><input type="checkbox"/> Attending meetings</p> <p><input type="checkbox"/> Writing user friendly info on projects</p> <p><input type="checkbox"/> Committee membership</p> <p><input type="checkbox"/> Other <i>(please specify)</i> _____</p> <hr/> <p>We are currently exploring possible training for service users. If you feel you would benefit from this, what training do you feel might be useful? _____</p> <hr/> <p>Additional comments or information:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/> White British	<input type="checkbox"/> Asian British																		
<input type="checkbox"/> White Irish	<input type="checkbox"/> Asian Indian																		
<input type="checkbox"/> White Other	<input type="checkbox"/> Asian Pakistani																		
<input type="checkbox"/> Mixed White/Asian	<input type="checkbox"/> Asian Other																		
<input type="checkbox"/> Black British	<input type="checkbox"/> Chinese																		
<input type="checkbox"/> Black African	<input type="checkbox"/> Mixed other																		
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Other Group																		
<input type="checkbox"/> Black Other																			
<input type="checkbox"/> Mixed White/Black																			
<p>Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <hr/> <p>D.O.B: _____</p> <p>Do you have a disability? If so please specify _____</p> <hr/> <p>Do you have specific requirements? e.g. Wheel chair access _____</p> <hr/> <p>Are you:</p> <p><input type="checkbox"/> Employed Full time</p> <p><input type="checkbox"/> Employed Part time</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Unemployed on benefits</p> <p><input type="checkbox"/> Student</p>																			

Please feel free to forward this questionnaire, or our details, onto any friends who you feel might like to get involved as well. We would also appreciate any feed back you have on the content and terminology used in this questionnaire. If at anytime you would like to have your contact details removed from our database please contact us on the details at the top of this questionnaire

OFFICE USE ONLY: New profile Update to old profile Date received Added to database