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**Application Form**

**Virtual Reality (VR) for OCD**

Thank you for your interest in being involved in the Virtual Reality (VR) for OCD project. If you would like to get involved please fill out this application form and return it by email to Rachel Temple ([racheltemple@mcpin.org](mailto:racheltemple@mcpin.org)) by **Friday 10th May 2019.**

If you have any problems filling out the form, or would prefer a paper copy to return by post, please contact Rachel Temple via email (address provided above) or phone 0207 922 7874.

The McPin Foundation is supporting people with lived experience involvement in this project. The McPin Foundation is a mental health research charity. We champion experts by experience in research so that people’s mental health is improved in communities everywhere. We deliver high quality user focused mental health research and evaluations. For further information please visit: [www.mcpin.org](http://www.mcpin.org).

**About you**

*Please complete the information below. Please type your answers in the boxes.* ***All information will be kept strictly confidential within the McPin Foundation.***

|  |  |
| --- | --- |
| **Full name:** |  |
| **Email:** |  |
| **Contact numbers:** | Landline:  Mobile: |
| **Address and postcode** |  |

***In the section on the following page of the form you are free to type, handwrite or draw your answers to these questions, please feel free to use additional sheets if necessary. In the blank spaces on the next page, please share with us:***

**1. Please use the space below to tell us about why would like to be involved?**

**2. Please use the space below to tell us about your experiences of repeated action OCD:**

**3. Please use the space below to tell us about any of forms of OCD that you may have experienced:**

**4. Please tell us if you would like to join the Lived Experience Advisory Panel (LEAP) or attend a user development workshop. You can express a wish to attend both the LEAP and a workshop:**

**5. Please use the space below to tell us about anything else that you would like to share:**

*The work involved in this project will include some of the following activities. Please indicate in the boxes below whether you feel comfortable with these and whether you are likely to want some support from the team.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No problem** | **I may need some help** | **I do not feel able to do this** |
| Communicating by email, including using attachments and commenting by track changes |  |  |  |
| Wearing a head-set to experience the virtual reality therapy |  |  |  |
| Travelling independently to meetings |  |  |  |
| Voicing your views in an advisory group meeting |  |  |  |

**Other information that we need:**

Are you over the age of 18? YES/NO (delete / circle one)

Are you eligble to work in the UK ? YES/NO (delete / circle one)

Lastly, would you like to join the McPin Supporters List, and keep informed about our work? YES/NO (delete / circle one)

***Please return this form via email to Rachel Temple (***[***racheltemple@mcpin.org***](mailto:racheltemple@mcpin.org)***) or by post (The McPin Foundation, 7-14 Great Dover Street, London SE1 4YR by Friday 10th May 2019***