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**Application Form**

**SINAPPS study Lived Experience Advisory Panel (LEAP)**

Thank you for your interest in being involved in SINAPPS project. If you would like to get involved please fill out this application form and return it by email to Thomas Kabir: thomaskabir@mcpin.org by **9am on Wednesday November 13th 2019.**

If you have any problems filling out the form or would prefer a paper copy to return by post, please contact Thomas Kabir 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:** |  |
| **Date of Birth:** |  |
| **Email:** |  |
| **Contact numbers:** | Landline:Mobile: |
| **Address and postcode** |  |
|  | **What is your nearest rail or tube station? How would you like to travel to meetings?** |
|  |

***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 a little about your experiences of autoimmune encephalitis, psychosis, and/or autoimmune diseases such as Lupus or Arthritis:**

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

Please complete the final questions on the following page

*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. Please note that this will not affect the outcome of your application; instead it helps us to provide the appropriate support.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 |  |  |  |
| 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)

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

Lastly, if you are aged 13-24 would you like to join the McPin Young People’s Network, and keep informed about our work? YES/NO (delete / circle one)

***Please return this form via email to Thomas Kabir (******thomaskabir@mcpin.org******) or by post (The McPin Foundation, 7-14 Great Dover Street, London SE1 4YR by 9am on Wednesday November 13th 2019***