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**Lived Experience Advisory Panel (LEAP) application form**

Thank you for your interest in helping the Maudsley charity review grant applications. Please fill out this application form and return it by email to Zara Schneider (email: zaraschneider@mcpin.org).

**If you have any issues filling out the form or would like to discuss an alternative way of expressing an interest, then please do email Zara Schneider**. Or call: **Main Tel**: 0207 922 7877 | **Mobile**: 07562690654

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.

**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 and the Maudsley charity.***

|  |  |
| --- | --- |
| **Full name:** |  |
| **Email:** |  |
| **Contact number:** |  |
| **Address and postcode** |  |

*In this section 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 below, please share with us:*

**Please use the space below to tell us about your experiences that are relevant to the panel. Please could you also tell us how recent your experiences were.**

**Please use the space below to tell us about any experience you have of being involved in mental health research.** *Please note that it does not matter if you have not had much or any experience of mental health research, as we are keen to be inclusive and give all people the opportunity to become involved.*

**Optional: Please let us know what ethnicity you identify with.**

**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.*

*Please note that your responses will not affect your chances of being selected.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No problem** | **I may need some help** | **I do not feel able to do this** |
| Communicating by email, including using attachments and using word processing packages such as Word or Google Docs |  |  |  |
| Taking part in online virtual meetings |  |  |  |
| Travelling to face-to-face meetings in London |  |  |  |
| Voicing your views in an advisory group meeting |  |  |  |
| Do you have a computer, tablet or phone that you can use to attend online meetings? | YES / NO |

**Other information we need:**

Are you over the age of 18? YES / NO (delete as appropriate)

Are you eligble to work in the UK ? YES / NO (delete as appropriate)

Lastly, would you like to join the McPin Supporters List, and keep informed about our work?

YES / NO (delete as appropriate)

***Please return this form via email to Zara Schneider (email: zaraschneider@mcpin.org), if you need any help or would like to discuss an alternative way of applying.***