Mental Health First Aid England  
Application for Instructor Training Extension

Complete this form to apply for an extension place on an MHFA Instructor Training programme. **Please note you must be an approved MHFA instructor in one of the other MHFA products to apply.**

Please send your completed application form and letter of support (if applicable) to[training@mhfaengland.org](mailto:training@mhfaengland.org).

Please tick this box to confirm that you have read and agree to the conditions in our [terms and conditions document](https://mhfaengland.org/instructors/apply/MHFA%20Instructor%20Training%20Terms%20and%20conditions.pdf).

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| **1. Choice of programme** | |
| a. Tick the box corresponding to the MHFA Instructor Training programme you are applying for: | |
| **Youth MHFA** |  |
| **Adult MHFA** |  |
| b. Please write the course code of your first and second choice of Instructor Training programmes. Where possible we will place you on your first choice.  See [mhfaengland.org/instructors/apply/](https://mhfaengland.org/instructors/apply/) for programme dates, locations and course codes. | |
| **First choice course code** | Click or tap here to enter text. |
| **Second choice course code** | Click or tap here to enter text. |
| c. Do you have any access requirements? If yes, please provide details: | |
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| **2. Your details** | |
| **Full name** | Click or tap here to enter text. |
| **Home address** including post code  (Mandatory) |  |
| **Telephone number** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Job title** | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. |
| **Organisation address** including post code |  |
| **Work telephone number** | Click or tap here to enter text. |
| **Work email** | Click or tap here to enter text. |
| **Which is the best way to contact you?** | Work  Home |
| **Who is your MHFA mentor?** | Click or tap here to enter text. |
| **Date you were signed off as an instructor** | Click or tap here to enter text. |
| **Are you an approved MHFA instructor in another country (e.g. Wales, Australia)?** | Yes  No |

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| **3. Your sector** | |
| Please tick: | |
| **Third sector - mental health specific**  (e.g. Mind, Rethink) |  |
| **Third sector – not mental health specific**  (e.g. homelessness or youth charities) |  |
| **Education** (school/university) |  |
| **NHS** |  |
| **Government** (including lottery) |  |
| **Police and emergency services** |  |
| **Prison service** |  |
| **Local authority/council** |  |
| **Private business** |  |
| **Independent trainer** |  |
| **Other** - please specify  Click or tap here to enter text. |  |

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| **4. Your sponsor** | |
| Please complete this section if your training is not self-funded.  You will also need to supply a [support letter](https://mhfaengland.org/instructors/apply/example-letter-of-support.docx) from your sponsor.  We may need to contact your sponsor, unless you request that we do not do so. | |
| **Full name** | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. |
| **Organisation address**  including post code |  |
| **Purchase order number** | Click or tap here to enter text. |
| **Telephone number** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Are you happy for us to contact your sponsor if we need to?** | Yes  No |

**Questions**

When answering please include specific examples of what you have done. If you need to continue on a separate sheet please do so. However, try to keep your responses as brief and succinct as possible.

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| **1. What does the term ‘mental health’ mean to you?**  **(if applying for a Youth programme please consider this in a youth context)** |
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| **2. Please describe your experiences of delivering MHFA England courses** |
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| **3. If you are applying as a conversion delegate please describe your experience of delivering MHFA courses abroad.**  **Please also supply a reference from your National Trainer and evidence of how much you paid for your Instructor Training to** [training@mhfaengland.org](mailto:training@mhfaengland.org). |
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| **4. What are your personal/professional experiences in the field of mental health, including any relevant qualifications?  (if applying for a Youth programme please consider this in a youth context)** |
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| **5. What other experiences/qualifications do you have that would enable you to effectively conduct training sessions?** |
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| **6. How are you planning to deliver the MHFA course?** | |
| Please tick all applicable: | |
| **On behalf of my organisation** |  |
| **As an independent trainer** |  |
| **Other** – please specify  Click or tap here to enter text. |  |
| **If you are planning to deliver the course as an independent trainer how do you plan to market yourself?** |  |

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| **7. What are the key skills needed to be an effective MHFA instructor?** |
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| **8. What would you do if during one of the MHFA training sessions you are running, a participant becomes distressed or approaches you about their personal mental health issues?**  **If applying for Youth MHFA Instructor Training, what would you do if a participant becomes distressed and discloses that they are concerned a young person they know is at risk of being abused?** |
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| **9. Please provide details of any other skills or experience that may be relevant** |
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| **10. What areas do you require development in to improve as an MHFA instructor?** |
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**Declarations**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I am aware that any false statement may be sufficient cause for rejection.

I can commit to the time needed to train, deliver MHFA courses and fulfil the conditions of remaining registered and I have read and agree to the conditions in the [terms and conditions document](https://mhfaengland.org/instructors/apply/MHFA%20Instructor%20Training%20Terms%20and%20conditions.pdf)**.**

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| **Signature** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |
| If returning form by email, please type your name in the signature box above.  Tick box to confirm electronic signature: | |

Please send your completed application form and letter of support (if applicable) to[training@mhfaengland.org](mailto:training@mhfaengland.org).

**Fees and payment**

Fees for MHFA Instructor Training extensions can be found at [mhfaengland.org/instructors/programme/](https://mhfaengland.org/instructors/programme/)

Please **do not send payment** with this application form as invoices will only be sent when places are allocated. The training course is non-residential and participants must arrange their own accommodation.