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) totraining@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). [ ]

|  |
| --- |
| **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: |
|  |

|  |
| --- |
| **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 [ ]  |

|  |
| --- |
| **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. |[ ]

|  |
| --- |
| **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.

|  |
| --- |
| **1. What does the term ‘mental health’ mean to you?** **(if applying for a Youth programme please consider this in a youth context)** |
|  |

|  |
| --- |
| **2. Please describe your experiences of delivering MHFA England courses** |
|  |

|  |
| --- |
| **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. |
|  |

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

|  |
| --- |
| **5. What other experiences/qualifications do you have that would enable you to effectively conduct training sessions?** |
|  |

|  |
| --- |
| **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 specifyClick 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?** |  |

|  |
| --- |
| **7. What are the key skills needed to be an effective MHFA instructor?** |
|   |
|  |
| **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?** |
|  |
| **9. Please provide details of any other skills or experience that may be relevant** |
|  |

|  |
| --- |
| **10. What areas do you require development in to improve as an MHFA instructor?** |
|  |

**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)**.**

|  |  |
| --- | --- |
| **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) totraining@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.