**Declaration of Instructor Training eligibility**

By submitting this form as part of your application you confirm that the following statements are correct:

**I will not be delivering Mental Health First Aid England Training as an “for-profit” independent Instructor Member or to generate income for my organisation.**

**I am applying for a place on the MHFA England Instructor Training programme under one of the following criteria:**

* You are applying to deliver MHFA England training to other employees in your workplace only, and not to any clients, partner organisations, or other external parties
* You are applying for a specific programme with MHFA England commissioned by your employer
* You have secured grant funding and are looking to deliver MHFA England training as part of a wider project whose aims align with MHFA England
* You are applying to deliver MHFA England training on a not-for-profit basis to organisations which work with disadvantaged groups, communities, or vulnerable individuals
* You are applying to deliver MHFA England training to a non-profit or community organisation which works primarily with Black people or People of Colour, in line with MHFA England's commitment to anti-racism
* You are an existing MHFA England Instructor Member looking to upskill in different products

**Please provide details of your organisation and the target audiences you intend to deliver training to, including how many courses you intend to deliver per year**

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My application is supported by my organisation and countersigned below by a relevant member of staff (line manager, director, HR/L&D manager etc).

**Applicant details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: | |  | | |
| Email address: | | |  | |
| Company name: | | | |  |
| Date: |  | | | |

**Organisation details**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation contact name and role: | |  | |
| Organisation contact signature: | |  | |
| Number of employees: | | |  |
| Date: |  | | |