

Young Person’s Mental Health Advisory Group Application Form

**Interested in becoming a member? Use this form to tell us more about you and why you would like to be a part of the Young Person’s Group.**

The Young Person’s Mental Health Advisory Group will be made up young people **aged between 16 and 25** with experience of mental health issues.

The primary purpose of the group is to help improve the quality of mental health research studies. Meetings will be held every 6-8 weeks and all reasonable travel expenses will be covered.

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| **Your name** |  |
| **Your address** |  |
| **Your email address** |  |
| **Your telephone no** |  |
|  |  |
| **Date of Birth** |  |
|  |  |
| **Emergency Contact Details:****Name****Relationship****Number** |  |
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| **Why are you interested in becoming a member of the Young Person’s Mental Health Advisory Group?** |  |
| **Do you have any relationships with any members or facilitators of the YPMHAG? If so, please describe** |  |
| **Based on your experience of using mental health services (GP, IAPT services, CAMHS, etc.) or supporting someone who has, please provide up to 3 suggestions as to how services could be improved** |  |
| **Please tell us about an idea for a research project which could help improve mental health services.** |  |
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| **Is there any other information, experience or skills relevant to your application that you would like to share with us? If so, please use the box provided.** |  |
| **Our meetings cover a diverse range of topics - if there any topics which you might find unpleasant/distressing please list them here and we will alert you if they are on a meeting agenda.** **Is there anything else you feel we should know to help facilitate your time with the group?** |  |
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Please send completed application forms to:

ypmhag@kcl.ac.uk

**Need more information?**

Please contact:
**Sara Simblett****sara.simblett@kcl.ac.uk**