



## **IMHP (Improving Mental Health Provision CIC) Participant Form**

Thank you for taking part in our activity, we are delighted to have you on board!

IMHP's activities, participants, facilitators, and volunteers are covered by our public liability and professional indemnity.

Information contained in this form will be kept in accordance with the Data Protection Act 1998, treated confidentially, and will not be shared with any other individuals or organisations.

**Which course or workshop are you taking part in?**

**Do you have any issues either medical or in regard to mental health and/or particular requirements that we need to be aware of to ensure that you are fully supported?**

Name

Address

Telephone

Email

These questions are optional but answering them will help us to understand which demographics are accessing our delivery and to report upon this to prospective funders and partners.

**Age Group**

18 -  25 26  - 35  36 - 45  46 - 55  56 - 65   
66 -  75  
76+

**Gender**

Male  Female   Other

**Sexual Orientation**

Straight  Gay  Bi-sexual  Other

**Post Code**