**Request for funded Mental Health First Aid® (MHFA®) training**

**About MHFA® training**

By training you will gain:

* A deeper understanding of mental health and the factors that can affect people’s wellbeing
* Practical skills to spot the triggers and signs of mental health issues
* The confidence to step in and support someone by guiding them to the most appropriate help
* Three years of access to the MHFAider Support App® with 24/7 digital support
* Access to exclusive resources, ongoing learning opportunities, and the benefit of joining England’s largest community of trained MHFAiders®

**About your organisation**

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| **Are you making an application on behalf of the following?** PrivateBusiness  Public Sector (NHS/Health & Social Care/Local Authority/CJS/DWP)  Third sector/Charity  VCFSE (Voluntary, community, faith and social enterprise) OtherClick or tap here to enter text. | | |
| Registered organisation name (including full address) |  | |
| Does your organisation have access to provide a suitable training room for up to 16 learners? | | Yes  No |
| Please select the region which best covers your organisation | Walsall  Wolverhampton  Dudley  Sandwell  Black Country wide | |
| Which post codes do you cover? |  | |
| Approximate number of individuals in your organisation | 0-10  11-20  21-50  51-100  100+  unsure | |
| Required number of training places? | 1-6 learners  6-12 learners  12-16 learners  I am interested in  online training  face to face training  either | |
| Which services best describe your organisation (tick all that apply) | **Tackle wider determinants of health**  Housing/Areas of deprivation  Unemployment  **Social exclusion**  Homeless  Social isolation  Refugee and Migrants  **Socio-economic**  Low-income households  Employment  Debt  Families/CYP  **Behavioural risks to health**  Addiction (gambling, gaming, substance misuse)  Smoking  **Protected Characteristics**  Targeted gender specific  LGBTQ+  Faith based  Pregnancy  Minority ethnicity communities  Disability (incl mental health)  **Other**  Domestic abuse  Health (Diabetes, visual impairment) | |
| Please outline the reasons for requesting MHFA® training including how you feel the knowledge would make an impact for your people/community.  (no more than 100 words) |  | |
| Are there any barriers to why you have been unable to provide this training in the past? | Time constraints  Language  Wasn’t aware the training was available  Budget Team capacity  Other Click or tap here to enter text. | |

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| **If successful in receiving funded training places I/the organisation will ensure:**   * Commitment of attendance for learners registered for the course   *training places cost time and resources and DNA’s will be charged at the usual rate of £295/person*   * Learners are selected with the understanding that attendance is required across the two full days (4 half days if online) in order to complete the course and receive a certificate * Places must not be swapped with other individuals without prior arrangement * Topics covered are highly sensitive and are likely to trigger emotion therefore, it is suggested that from a safeguarding perspective that all learners are aware of this and consider themselves to be in a balanced state of wellbeing to undertake the course. * Feedback will be requested following course completion to measure impact for your organisation within;   + 1 month   + 6 months   + 12 months | | |
| I understand that a cost may be incurred for booked training places at a value of £295/learner should the above terms and conditions not be met. | | |
| Email address  Role/Title (if applicable) | | Name  Signature |
|  | | |
| Are there any adjustments the instructor should be made aware of ie; dexterity, sight/hearing impairments etc in order to support you? Is there anything else we may need to know? | | |
| No  Yes (please state) | | |
| **How did you hear about the training we provide?** | | |
| Facebook search | X | |
| Online web search | Email | |
| Online/Face to face event | Information leaflet | |
| Word of mouth/contact | Other | |
| **Terms and conditions** | All Black Country Healthcare Foundation NHS Trust training is subject to Terms and Conditions. Please see the attached document for further information | |

Please return your completed request to [bchft.mhfaenquiries@nhs.net](mailto:bchft.mhfaenquiries@nhs.net). The outcome of this request will be responded to by email, if successful a member of the team will be in touch to arrange suitable next steps.

Please use this address for any questions you may have regarding the training.

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| **For office use only** | | |
|  | Yes | No |
| Funding agreed |  |  |
| Date agreed |  |  |
| Venue provided |  |  |