

## Mind Summer Workshops Application Form

Thank you for your interest in the mind summer programme. Please complete this Application Form so that we can register you on the programme.

### 1. Contact Details

**Name:** .....

**Home Address:** .....

**Post Code:** .....

**Date of birth:**..... **Email:** .....

**Phone: (landline):** ..... **(mobile):**.....

### Please indicate the Mental Health Workshops you would like to attend:

- |  |                                |                                |
|--|--------------------------------|--------------------------------|
| Mental Health Awareness (21 <sup>st</sup> July)  | <input type="checkbox"/> 1-2pm | <input type="checkbox"/> 2-3pm |
| Self-esteem & Resilience (28 <sup>th</sup> July) | <input type="checkbox"/> 1-2pm | <input type="checkbox"/> 2-3pm |
| Body Image (4 <sup>th</sup> August)              | <input type="checkbox"/> 1-2pm | <input type="checkbox"/> 2-3pm |
| Exam Anxiety (11 <sup>th</sup> August)           | <input type="checkbox"/> 1-2pm | <input type="checkbox"/> 2-3pm |
| Self-Harm Awareness (18 <sup>th</sup> August)    | <input type="checkbox"/> 1-2pm | <input type="checkbox"/> 2-3pm |
| Mindfulness (25 <sup>th</sup> August)            | <input type="checkbox"/> 1-2pm | <input type="checkbox"/> 2-3pm |

### Please indicate which Peer Mentor session you'd like to attend.

N.B. For the Peer Mentor certificate of attendance, you must attend a Peer Mentor Workshop, and following that, a drop-in session and a follow-up session (every Tuesday 10am-12pm).

- |  |                          |
|--|--------------------------|
| Monday 19 <sup>th</sup> July (10am-12pm)   | <input type="checkbox"/> |
| Monday 26 <sup>th</sup> July (10am-12pm)   | <input type="checkbox"/> |
| Monday 2 <sup>nd</sup> August (10am-12pm)  | <input type="checkbox"/> |
| Monday 9 <sup>th</sup> August (10am-12pm)  | <input type="checkbox"/> |
| Monday 16 <sup>th</sup> August (10am-12pm) | <input type="checkbox"/> |
| Monday 23 <sup>rd</sup> August (10am-12pm) | <input type="checkbox"/> |
| Monday 30 <sup>th</sup> August(10am-12pm)  | <input type="checkbox"/> |

### Drop-in sessions will be taking place every Monday (1-3pm)

No need to register before a specific session, but please tick to register your interest.

I register interest in these Drop-in sessions

In this section, if you were interested in any of these sessions, but couldn't make that specific date, let us know the workshops you'd like to attend and your availability. We're happy to offer bespoke sessions:

.....  
.....  
.....  
.....  
.....

**3. Parent/Guardian Consent and information**

Please give details of your parent or guardian. If there are any safeguarding issues that may surface, we'll use these details to contact the relevant person.

**Parent/Guardian Details**

**Name:** .....  
**Relation to young person:** .....  
**Phone:** .....  
**Email Address:**.....

**Please sign this form to indicate your explicit consent to Darlington Mind Ltd obtaining and processing your application form.**

**Signature:** .....

**PRINT Name:**..... **Date:** .....

**Thank you for completing this application form**

**On receipt we will contact you to arrange an appointment to discuss your application.**

**Please return to this form to:**

Via Email:

Either [Ian.Neale@DarlingtonMind.com](mailto:Ian.Neale@DarlingtonMind.com) or [Matthew.Hoss@darlingtonmind.com](mailto:Matthew.Hoss@darlingtonmind.com)

Via Post:

**Young Peoples Co-ordinator, Darlington Mind Ltd, St Hilda's House, 11 Borough Road, Darlington, Co. Durham. DL1 1SQ.**