

Application form: Certificate in Child and Adolescent Mental Health (for Designated Mental Health Leads)

Surname:

First Name:

Address:

Phone Number:

Email:

Date of Birth:

PLEASE ANSWER YES OR NO and give details

Are you in a senior position in your school as a designated Mental Health Lead/SENCO/DSL

What is your official title? Please give a brief description of your role and responsibilities

When did you qualify as a teacher/education professional and how many years have you been working in the profession

How long have you held this position?

Have you had any previous training for the role of Designated Mental Health Lead

Please give brief details of any previous training you have had regarding social, emotional and mental health.

What range of mental health problems are you required to deal with in staff and in students?

Please select the age range of your school and the type of school

Early Years Primary Secondary Post 16
Mainstream Specialist Provision PRU Other

Please briefly state reason for wishing to attend this course and what you are hoping to gain as a result of the training

Please ask your Head Teacher to complete this section with a supporting statement that the above is an accurate description of your role and responsibilities

Head Teacher to sign and print name

Are you funding this course yourself?

Yes No

Is your setting receiving DfE funding for this training?
Please note, the fees will need to be paid directly to TISUK, you can then recoup these costs from the DfE if eligible.

Yes No

Please provide full invoicing details:

Name of school/organisation/individual

Address

Finance contact email

Tel no

Ethnic Origin

The Institute is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background

A. White British Irish Any other White background (please specify below):

B. Mixed White and Black Caribbean White and Black African
Any other Mixed background (please specify below):

C. Asian or Asian British Indian Pakistani Bangladeshi
Any other Asian background (please specify below):

D. Black or Black British Caribbean African Any other Black background (please specify below):

E. Chinese or other ethnic group Chinese Any other (please specify below):

Country of Birth:

Country that you normally live in:

Nationality/dual nationality (as per your passport):

Disability / Additional Educational Needs (Please tick the appropriate box)

We encourage you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

- 0. No Disability
- 1. Dyslexia
- 2. Blind / Partially Sighted
- 3. Deaf / Hearing Impairment
- 4. Wheelchair User / Mobility Difficulties
- 5. Personal Care Support
- 6. Mental Health Difficulties
- 7. Unseen Disability
- 8. Multiple Disabilities
- 9. Other Disability not listed
- 10. Autistic Spectrum

If disabled, please provide brief details: