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| 1. **PERSONAL DETAILS** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Surname / Family Name** | | | | | | | |  | | | | | | | | | | | | | **Title** | |  | | | | | |
| **Forenames / First Names** | | | | | | | |  | | | | | | | | | | | | | | **Date of Birth** | | | |  | | |
| **Contact Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | |  | | | | | | | | | | **Fax** | |  | | | | **Email** | | |  | | | | | |
| **Place of Employment** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Position** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Speciality in Psychiatry** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. **REFEREES** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Referee 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname / Family name** | | | | | | | | |  | | | | | | **Title** | | | |  | | | | | | | | | | | |
| **Forenames / First names** | | | | | | | | | |  | | | | | | | **Male / Female** | | | | | | | |  | | | | | | | | |
| **In what capacity do you know the referee?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Phone** |  | | | | | | | | | | **Fax** | |  | | | **Email** | | | |  | | | | | | | | | | | |
| **Contact address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referee 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname / Family name** | | | | | | | | |  | | | | | | **Title** | | | |  | | | | | | | | | | | |
| **Forenames / First names** | | | | | | | | | |  | | | | | | | **Male / Female** | | | | | | |  | | | | | |
| **In what capacity do you know the referee?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Phone** |  | | | | | | | | | | **Fax** | |  | | | **Email** | | | |  | | | | | | | | | | | | |
| **Contact address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. **SKILLS AND EXPERIENCE** |

**Are you interested in becoming a: Volunteer** **Mentor**  **Both**

**Please use the following list to indicate the skills that best match your expertise:**

Curricular development on mental health for primary care workers

Curricular development on mental health for specialist workers (nurses, psychiatrists, assistant medical officers, social workers, etc.)

Curricular development on mental health for teachers, police, etc.

Teaching for primary care

Teaching for specialist workers

Teaching for police, prisons, social welfare, teachers

Teaching for interagency working

Setting exams and implementing exam standards

Examining

Developing mental health services:

inpatient units

outpatient clinics

employment projects

residential services

outreach services

intersectoral working with prisons, police, schools, social welfare, NGOs

Liasion with primary care, and supporting primary care

Integrating mental health into primary care:

continuing education

guidelines

information systems

Trauma counselling for adults

Trauma counselling for children

Disaster work

Experience in setting up emergency services following disasters

Experience in training frontline workers following disasters

Experience in developing professional workforce

Clinical governance

Administration

Specific research:

epidemiology

evaluation of health interventions

evaluation of training

evaluation of cost effectiveness

Research training

Research governance and ethics

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL COMMENTS:**

**If you have any skills and expertise not listed above please use the space below to provide details**

**Please use the space below to provide an overall summary of your experience and skills which may be particularly useful in low income countries.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Language Skills** | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |  | |
| **Language**  **(include mother tongue)** | | **Read** | | | | | **Write** | | | | | | | **Speak** | | | | | **Overall Competency Level 1 to 5** |
| **basic** | | **good** | | **fluent** | **basic** | **good** | | | **fluent** | | | **basic** | **good** | | **fluent** | |  |
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| 1. **AVAILABILITY** | | | | | | | | | | | | | | | | | | | |  |
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| Have you discussed the implications of this voluntary work with your family and employer? | | | | | | | | | | | | | | | | | | **YES  NO** | |
| Is your employer able / willing to offer any financial arrangements for your voluntary work? | | | | | | | | | | | | | | | | | | **YES  NO** | |
| Do you have any long term personal or professional commitments that may affect your availability for overseas work? | | | | | | | | | | | | | | | | | | **YES  NO** | |
| Do you have any health concerns that may affect your availability for overseas work? | | | | | | | | | | | | | | | | | | **YES  NO** | |
| Please specify countries you will be particularly suited to visit: | | | | | | | | |  | | | | | | | | | | |
| Please specify countries you will not be prepared to visit: | | | | | | | | |  | | | | | | | | | | |
| Length of assignment: | | | **Minimum**: | |  | | | | | | | **Maximum:** | | | |  | | | |
| How many days/weeks notice will you require? | | | | | | |  | | | | | | | | | | | | |
| Are you available for travel now? | | | | | | | | | | | | | | | | | | **YES  NO** | |
| If not, when in the future will you be available? | | | | | | |  | | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | **Date** | | |  | | | | | | |

 **Data Protection Statement**

The College’s Data Protection Statement can be viewed at <http://www.rcpsych.ac.uk/dataprotection>.

Once completed please return to [ecook@rcpsych.ac.uk](mailto:ecook@rcpsych.ac.uk)