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| First name:  (Please tell us your **first name only**. It can be your real first name, or another name you’d like us to use if you’d prefer to make one up.) |
| Email address: |
| Address: |
| Phone number: |
| I can confirm that, if my story is chosen, I am happy to be contacted by a member of the publishing team by phone, and will **upon request** submit a letter from my primary carer or GP confirming that I am currently suitable to take part in this project (please mark this box) |
| In up to 500 words, please tell us your story:  *Please tell us how your mental health condition began, how it was treated, and how or if you recovered fully. You may also wish to include how you felt throughout the whole process, or if you ever felt stigmatised.* |
| *N.B. Any personal information you give us will be used solely for reviewing your submission and will not be passed on to any other parties without your agreement.*  *Please read our terms and conditions for more information.* |