|  |  |
| --- | --- |
| 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** |  |

|  |
| --- |
| 1. **SKILLS AND EXPERIENCE**
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**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.**

|  |  |
| --- | --- |
| 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** |  |
|       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
|       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
|       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
|       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| 1. **AVAILABILITY**
 |  |
|  |  |
| 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