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**Application Form**

**Immersive Virtual Reality to Transform the Lives of Patients with Psychosis (i4i) Group**

Thank you for your interest in joining the Immersive Virtual Reality to Transform the Lives of Patients with Psychosis (i4i) Group. There are 12 places in the group. If you would like to apply to join the group, please fill out this application form and return it by email to Tillie Cryer ([tilliecryer@mcpin.org](mailto:tilliecryer@mcpin.org)) by **Friday 4th May 2018**.

*If you have any problems filling out the form, or would prefer a paper copy to return by post, please contact Tillie Cryer via email (address provided above) or phone (0207 922 7874).*

The McPin Foundation is supporting people with lived experience involvement in this study. The McPin Foundation is a mental health research charity. We champion experts by experience in research so that people’s mental health is improved in communities everywhere. We deliver high quality user focused mental health research and evaluations. For further information please visit: [www.mcpin.org](http://www.mcpin.org).

**About you**

*Please complete the information below. Please type your answers in the boxes.* ***All information will be kept strictly confidential within the McPin Foundation and the i4i research group.***

|  |  |
| --- | --- |
| **Full name:** |  |
| **Email:** |  |
| **Contact numbers:** | Landline:  Mobile: |
| **Address and postcode** |  |

*In this section of the form you are free to type, handwrite or draw your answers to these questions, please feel free to use additional sheets if necessary. In the blank spaces below, please share with us:*

**Please use the space below to tell us about why would like to become a member of the Lived Experience Advisory Group?**

**Please use the space below to tell us about your experiences of psychosis:**

**Please use the space below to tell us about any experience you have of being involved in mental health research**

**Please use the space below to tell us about anything else that you would like to share:**

*The work involved in this project will include some of the following activities. Please indicate in the boxes below whether you feel comfortable with these and whether you are likely to want some support from the team.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No problem** | **I may need some help** | **I do not feel able to do this** |
| Communicating by email, including using attachments and commenting by track changes |  |  |  |
| Travelling independently to meetings and possible overnight stays in hotels |  |  |  |
| Voicing your views in an advisory group meeting |  |  |  |

**Other information that we need:**

Are you over the age of 18? YES/NO (delete / circle one)

Are you eligble to work in the UK ? YES/NO (delete / circle one)

Lastly, would you like to join the McPin Supporters List, and keep informed about our work? YES/NO (delete / circle one)

***Please return this form via email to Tillie Cryer (***[***tilliecryer@mcpin.org***](mailto:tilliecryer@mcpin.org)***) or by post (The McPin Foundation, 32-36 Loman Street, London SE1 0EH by Friday 4th May 2018.***