# Lived Experience Network

## Expression of Interest Form

### Have you been affected by self-harm or suicide?

Be part of a pioneering project giving a voice to those affected by suicide and self-harm.

We invite you to join the Cheshire and Merseyside Lived Experience Network, and together with others in your area and across the region, design and deliver self-harm and suicide prevention policies and practices. To register your interest and get involved, please complete this form as fully as you can.

## PERSONAL INFORMATION:

| | | | |
|---|---|---|---|
| Title | | | |
| First Name | | Last Name | |
| Address | | | |
| | | | |
| Post Code | | | |
| Phone (Home) | | Ok to leave a message | Yes ☐ No ☐ |
| Phone (Mobile) | | | |
| Email | | | |

I can confirm I am over the age of 18 (please tick)

## YOUR EXPERIENCE:

We would like to understand your experiences of self-harm and/or suicide, whether it be thoughts or feelings you have experienced yourself, whether you have supported someone else, or been bereaved by suicide. Please tick all of the following which apply to your experiences:

| | |
|---|---|
| Personal experience of suicide/ suicidal thoughts/ attempts | ☐ |
| Personal experience of self-harm | ☐ |
| Bereaved by suicide | ☐ |
| Family member or friend has experience of self-harm or suicide | ☐ |
| Carer | ☐ |
| Professional | ☐ |
| Other (please state) | |

Please use the box below to give further details below of why you want to get involved:

| |
|---|
| |

## HOW CAN YOU HELP?

Please let us know below why and how you would like to be part of the Lived Experience Network and what you hope to gain from your involvement:

To let us know how you want to get involved, please tick the options below that apply to you:

| | |
|---|---|
| Reading and commenting on proposed strategic documents | ☐ |
| Attending focus groups | ☐ |
| Attending NO MORE Board meetings | ☐ |
| Attending local authority group meetings | ☐ |
| Taking part in specific pieces of work (which may include workshops and group meetings on a range of specific topics) | ☐ |

mind for better mental health Wirral

NO MORE SUICIDE

Champs Public Health Collaborative

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Please let us know below if you have any needs or requirements that would enable you to participate fully in Network activities: (for example needing documents in large print, or wheelchair access to buildings etc)

How did you hear about the Lived Experience Network?

_____

Would you like your email address added to our mailing list to receive our quarterly training programme, information about Wirral Mind groups, activities and events?

Yes ☐ No ☐

Do you agree to your personal information being stored by Wirral Mind?
**All personal information is stored in line with GDPR.**

Yes ☐ No ☐

Please return your completed form to: Wirral Mind, Lived Experience Network, 90 – 92 Chester Street, Birkenhead, Wirral, CH41 5DL
T: 0151 512 2200 ¦ E: learning@wirralmind.org.uk

## WHAT HAPPENS NOW?

Once we have received your Expression of Interest Form you will be sent further information and a member of our team will call you for a chat. This will allow us to make sure we have understood your answers above and discuss with you some of the current opportunities that you might like to get involved in.

How and when you get involved is up to you.

## If you have any questions please contact us on the details above

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