**MBCT-L Participant Contact details form  
Please indicate below which course you are expressing an interest for and complete the form below:**

**8 Week Group  Skills Group (monthly)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | | |
| Name: |  | | |
| Pronoun: |  | | |
| NHS Number: |  | | |
| Do you work outside of Devon? | Y / N | | |
| Role and Department: |  | | |
| Home address: |  | | |
| Home Number: |  | May we leave a voicemail message? | Y / N |
| Mobile Number: |  | May we leave a voicemail message? | Y / N |
| Email Address: |  | | |
| Emergency Contact:  (Please provide name and phone number of someone we could contact in the rare event of an emergency) |  | | |
| NB: We will only contact your GP if there is a clinical need to, they will not be contacted otherwise. | | | |
| GP Name: |  | | |
| GP Surgery: |  | | |
| GP Address: |  | | |
| Further Information |  | | |
| To ensure you access this training safely please let us know if you have experienced any of the following. The therapist may discuss this with you prior to taking part in the course:  Depression or Anxiety  Bipolar Disorder Psychosis Flashbacks or nightmares about a traumatic event  Brain injury Recent bereavement or other very stressful life events such as divorce Significant longstanding interpersonal difficulties (personality disorder) Other - please state: | | | |
| Briefly let us know why you would like to attend this course. |  | | |
| Please provide any relevant background information relating to your mental health that you feel would be helpful for us to know. |  | | |
| Are you currently receiving any counselling or psychological treatment?  If yes, please provide details: |  | | |
| Do you have any access or communication needs? If yes, please give details: |  | | |
| In order to maximise benefit from MBCTL it is important that you attend all 8 sessions, please confirm that you have checked that you can attend the course dates | | | |
| What happens next: | | | |
| We will be in touch to acknowledge receipt of your form and confirm your individual ID number. After this, if necessary we will end you an appointment to arrange a short pre-course call or zoom meeting (approx. 30-40 minutes) to check that the course is right for you. Otherwise we will send you details to attend close to the time of the group. | | | |

*As we are an NHS Service we are required to collect these details for our records. We will not share this information with anyone else nor will be contact your GP unless there is a clinical need to do so. I confirm that I understand I am receiving treatment from an NHS service and the details above will be kept for NHS record purposes.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please return this form to** [**accept.clinic@nhs.net**](mailto:accept.clinic@nhs.net) **or by post to AccEPT Clinic Mood Disorders Centre, Sir Henry Wellcome Building, University of Exeter, Exeter, Devon, EX4 4QG**