



Mental Health  
Research Network



National Institute for  
Health Research

**If you'd like to be a member of FACTOR (Families/Friends Together in Research)**

*Fill in this form, and we'll make sure you receive information on events and training. If you would like to be actively involved in research projects and planning research, please also complete the optional section at the end of the form.*

Name:

Address:

Telephone:

Mobile:

email address:

**About you**

1. Are you

male

female

2. How old are you?

under 18

45-54

18-24

55-64

25-34

65-74

35-44

75+

3. If you don't mind, please tell us your date of birth.

4. Do you have a disability?

yes

no

If so, please describe your disability.

.....  
.....  
.....



**What is your ethnic group?**

*We want to ensure we reach carers from different cultural backgrounds.*

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

**A. White**

British

Irish

any other white background

please write in

**D. Black or black British**

Caribbean

African

any other black background

please write in

**B. Mixed**

white and black Caribbean

white and Black African

white and Asian

any other mixed background

please write in

**E. Chinese or other ethnic group**

Chinese

any other background

please write in

**C. Asian or Asian British**

Indian

Pakistani

Bangladeshi

any other Asian background

please write in

**Any other mixed background**

please write in

I prefer not to answer this question.



Mental Health  
Research Network



National Institute for  
Health Research

**FACTOR/3**

**Optional section for people who want to be actively involved in research**

*This part of the form is only for people who want to be actively involved in mental health research projects through FACTOR. Please only answer the questions below if that applies to you.*

1. Do you have any previous experience of being involved in mental health research, or mental health services? This could be as part of paid work, or on a voluntary basis.

Activity

Dates

.....	.....
.....	.....
.....	.....
.....	.....

2. Have you completed any training which could be relevant? This can include professional training in health or mental health, and courses in further or higher education.

Course

Dates

.....	.....
.....	.....
.....	.....
.....	.....

3. Please tell us why you are interested in mental health research.

.....

.....

.....

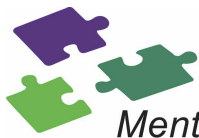
.....

.....

.....

Signed

Date



Mental Health  
Research Network



National Institute for  
Health Research

**FACTOR/4**

**About the person/people you support**

1. How long have you been/were you a mental health carer?

2. Please tell us your relationship to the person/people you support – for example, are you their mother, partner, child or neighbour? Please state your relationship to each person.

Name of person	I am their	Their date of birth
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Data Protection**

The information you give us is kept on a database of carers to which only FACTOR has direct access. We need to know if you are happy for FACTOR to pass on your contact details to other NIHR MHRN staff, and if you are happy for FACTOR to pass on your contact details to mental health researchers. We will not pass on your contact details to other carers or service users.

A record will be kept in the carer database of any activities you undertake for the NIHR MHRN or associated research projects.

Please tick the boxes that apply to you:

I am happy for FACTOR to pass on my contact details to other NIHR MHRN staff.

I am happy for FACTOR to pass on my contact details to mental health researchers.

FACTOR must get my agreement before passing on my contact details to other NIHR MHRN staff or mental health researchers.

**Please send the completed form to:**

Freepost RSCK-GSTZ-TJYY  
FACTOR, Institute of Psychiatry, PO77  
16 De Crespigny Park  
London SE5 8AF

September 2010