



Mental Health  
Research Network



National Institute for  
Health Research

### Service Users in Research membership form

#### Your contact details

Name

Address

Telephone

May we leave a message on this number?

yes

no

email address

We usually contact people by email.  
*If this is NOT acceptable please tick here.*

If you are a representative of an organisation,  
please tell us the name of the organisation.

#### More about you (optional)

*Answering this question will help us make sure we are reaching people with experience of mental health problems from all cultural backgrounds.*

#### 1. I would describe myself as:

##### A. White

British

Irish

any other white background

please specify

##### B. Mixed

white and black Caribbean

white and black African

white and Asian

any other mixed background

please specify



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**C. Asian or Asian British**

Indian

Pakistani

Bangladeshi

any other Asian background

please specify

**D. Black or black British**

Caribbean

African

any other black background

please specify

**E. Chinese or other ethnic group**

Chinese

any other background

please specify

**Any other mixed background,**

please specify

I prefer not to answer this question

**2. Are you?**

male  female

**3. How old are you?**

under 18  45-54

18-24  55-64

25-34  65-74

35-44  75+

**4 Do you have a disability?**

yes  no

If yes, please describe your disability.

.....

.....

I prefer not to say



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**Your background**

*It is useful for us to have some information about your background. Please tick all the boxes that apply.*

I am a user or former user of mental health services.

I am a carer or friend of someone with a mental health problem.

I am a mental health or healthcare professional.

Other (please specify).  
.....  
.....

**About research**

Have you had any experience in taking part in mental health research as a participant?  yes  no

Have you had any experience in taking part in mental health research in any other way?  yes  no

Are there any areas of mental health research you are particularly interested in or you think mental health researchers should prioritise?  yes  no

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

**How did you hear about Service Users in Research?**

.....  
.....



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### Data Protection (confidentiality)

*All the information that you give to MHRN Service Users in Research will remain confidential and will not be passed on to anyone else (including other service users) without your permission. If you would like to get involved with your local MHRN hub, you will need to give us permission to pass on your contact details.*

I am happy for Service Users in Research to pass on my contact details to other MHRN staff.

Service Users in Research must get my permission to pass on my contact details to other MHRN staff.

Signed

Date

### Please send the completed form to:

Freepost Plus RSAY-JJZB-BSLG  
MHRN Service Users in Research  
Institute of Psychiatry PO77  
16 De Crespigny Park  
London SE5 8AF

If you need any help in filling out this form,  
or would like further information, please  
contact us on 020 7848 0644, or email [mhrnppi@kcl.ac.uk](mailto:mhrnppi@kcl.ac.uk)