



LE Panel Representative Application Form

This form is for anyone who is interested in becoming a LE panel member for the National Suicide Research Foundation (NSRF). For further details on what this role involves, please see the LE section on the NSRF website at: <https://www.nsrp.ie/about-us/patient-and-public-involvement-and-engagement-ppie/> or call 087 3481760.

You can complete this form online or fill out a printed version and send by post. You can download and print a copy yourself or request a copy to be posted to your home address.

Completed copies or questions can be emailed to: PPIE@ucc.ie, or printed versions can be posted to: Aileen Callanan, LE Panel co-ordinator, NSRF, 4.28, Western Gateway Building, Western Rd, Mardyke, Cork. To request a printed version please email PPIE@ucc.ie.

Who should apply?

Anyone with lived experience of suicide, self-harm or mental illness is invited to apply to this panel. If you are still unsure, please refer to the website or contact us.

You do not need to know anything about research to become a LE Representative. Anyone who feels uncomfortable discussing suicide or self-harm related topics or feels this may be a trigger for them should carefully consider this before applying. We also suggest that you discuss becoming a LE Representative with your current mental healthcare provider, if you have one.

Who will see this form?

Once this form is sent to us it will be held in the strictest confidence. Only those involved in senior management of the NSRF and the LE advisory panel will see this information.

Why am I completing this form?

This form will be used to gather some basic contact details for our records and some additional information on your experience and/or background. This will not be shared beyond the senior management of the NSRF and the LE advisory panel. We will ask some questions regarding your ethnicity and access needs to ensure we include a broad representation of contributors from varying backgrounds.

What if I do not feel comfortable sharing this information?

This is completely voluntary. If you do not feel comfortable with some of the questions on this form, you are under no obligation to answer. Please only give details that you feel comfortable sharing.

If you are completing this form online, please feel free to adjust the text box sizes accordingly. This can be done by clicking on the text box and then clicking on the circle that appears in the bottom centre of the box. If you are completing by hand feel free to use additional sheets if necessary.

Personal Contact Details

Name:

Address:

Please provide the address that you would like us to use for any communication about your application or panel activities

Email Address:

Phone Number:

Please provide a phone number that you would like us to use for any communication about your application or panel activities

Why do you wish to participate in the NSRF LE panel? (You may tick multiple boxes).

I have lived experience of suicide, self-harm or mental illness

I have been bereaved by suicide

I am or have been a carer of someone with lived experience of suicide, self-harm or mental illness

I have lived experience of mental health issues

I represent group of people I think are relevant to these topics

I am a member of a relevant patient or advocacy group

You may use this space if you wish to give additional information, for example, you may want to detail which advocacy group you are a member of or if you would like to further explain something

Other, please specify _____

Have you ever participated in research or have been a member of a LE group?

If you have ever participated in research or LE group in any capacity, please give details here

Are you comfortable sharing contact details of your GP or personal mental healthcare professional in case of an emergency?

Yes

No

Unsure, I would like some more information before replying

In the case that a LE representative expresses any thoughts of suicide or self-harm, the LE Advisory Group, with the permission of the LE representative, will share this with the individual's personal mental health professional or GP depending on the situation.

To which gender do you most identify?

Male Female Transgender male Transgender female Non-binary

Prefer not to say Other

What is your age in completed years? _____

What is your ethnic or cultural background (Please select all that apply)?

White

Irish Irish Traveller Other white

Black or Black Irish

African Any other Black background

Asian or Asian Irish

Chinese Any other Asian background

Other including mixed background Prefer not to say

Do you have any of the following long-lasting conditions (Please select all that apply)?

Blindness, deafness or a severe vision or hearing impairment

A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying

A learning or intellectual disability

A psychological or emotional condition

Other, including any chronic illness

Do you require any additional support/equipment to be a LE panel representative?

Do you require any further supports that would make it easier for you to undertake this role, for example, a screenreader or materials in large print?

I declare that the information that I have given is, to the best of my knowledge or belief, true and complete.

For online applications typed signature is sufficient

Signature:

Date:

Thank you for completing this application. Applications can be sent to the contact details provided on the first page of this document. Please contact us if you have any questions.

Applications will be stored in the strictest confidence by the NSRF. Your contact details will be used to contact you with any questions we have in relation to this form or for LE panel related activities only.

Please note that not all applications will go on to become panel members. This will depend on the number of responses received. We will contact you soon regardless and thank you for your interest in contributing to the LE Panel.