 **Mental Health Community Connector**

**Application**

**Locality: \_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Address |  |
| Telephone number |  |
| Email address |  |

**Please complete the following:**

|  |  |
| --- | --- |
| **Share with us what your community is like – the people and the places** |  |
| **Tell us what your community knows about you** |  |
| **Share with us your approach to changing things for the better** |  |
| **Tell us why you want to help others** |  |
| **Share with us how you have influenced or are influencing your community** |  |
| **Tell us a little about your own experience of mental ill health and the support you received** |  |

**Thank you!**