



**About this form**

**Expression of Interest**

**Lived Experience Advisory Board**

The information you give in this Expression of Interest form will help us find out more about you and why you want to get involved in the work of the Lived Experience Advisory Board (LEAB) and what you can bring to LEAB.

We know that completing written forms is not easy for everyone, so if you do need support please contact the Involvement Team at Rethink Mental Illness by email: [**involvement@rethink.org**](mailto:involvement@rethink.org) or Text/Call on: [**07469685452**](tel:07469685452)**.**

**The closing date for expressions of interest for this round of recruitment is 1st December 2023.**

**1. Your contact details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name:** | Click or tap here to enter text. | **Surname:** | Click or tap here to enter text. | |
| **Address:** | Click or tap here to enter text. | | | |
| **Postcode:** | Click or tap here to enter text. | **Phone Number:** | | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. | | | |

|  |  |  |
| --- | --- | --- |
| Email | Phone call | Text message |
| Post | Microsoft Teams | Zoom |

**Please select how you would like us to contact you:**

**2. Your areas of interest**

**Please tick any of the following Rethink Mental Illness work areas that interest you.**

|  |  |  |  |
| --- | --- | --- | --- |
| Campaigning | Helping to shape   our services | Involvement and   Co-production | |
| Diversity, Equity  and Inclusion | Policy and Influencing | Fundraising | |
| Mental health services  at a local level | Research and   Evaluation | Volunteering | |
| Media | Any other interest areas, please describe:  Click or tap here to enter text. | |

As a LEAB member you will need to participate in meetings online via Microsoft Teams or Zoom. We can provide you with training and support to use these online platforms.

**Please confirm you are able to use Microsoft Teams and/or Zoom.**

|  |  |
| --- | --- |
| Yes, I **can** use MS Teams or Zoom. | No, I **cannot** use MS Teams or Zoom. |
| Yes, I **could** use MS Teams or Zoom  but would need some support/ training. |

**3. Tell us about yourself**

We would love to get to know a bit more about you, what skills and experiences you feel you would bring to LEAB and why you would like to get involved.

**Please use the space below (around 500 words).** We’ve included some prompts, but these are just a guide to give you some ideas:

* Why would you like to join LEAB?
* What do you think you will bring to LEAB?
* What would you gain from becoming a member of LEAB?
* Tell us what your skills, experience, background or anything else that you think   
  is relevant to LEAB.

|  |
| --- |
| Click or tap here to enter text. |

**4. Support**

**Please let us know about any support needs you may have and how we can support you with these:**

|  |
| --- |
| Click or tap here to enter text. |

**5. Availability**

**Generally speaking, when are you available to get involved with LEAB activities?**

**Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

am  am  am  am  am  am  am

pm  pm  pm  pm  pm  pm  pm

**Alternatively, if there are specific days and times you are able to be involved, please   
specify here:**

|  |
| --- |
| Click or tap here to enter text. |

**6. How we will handle your personal information**

Rethink Mental Illness will use the personal information you provide in this form for the purposes of administering your expression of interest to become a LEAB member.

If you become a LEAB member this form will be kept on file throughout the time that you are a member and for 6 years after the end of your being a LEAB member. If you do not become a member of LEAB this form will be kept on file for 6 months and then be deleted. If you do not become a member of LEAB but want to be involved in other ways, then we will keep your information on file until you tell us you no longer want to hear from us.

**The information you give will not be shared with any other organisations; it will be held by the Rethink Mental Illness Involvement Team.**

For more information on how we handle your personal information, please see our privacy policy at: [**https://www.rethink.org/privacy/**](https://www.rethink.org/privacy/).

|  |
| --- |
| I consent for Rethink Mental Illness to share and store my personal information in accordance with the provisions of the General Data Protection Regulation\*. |
| As part of the recruitment process, we will share your application information with LEAB members and Rethink Mental Illness staff involved in the recruitment process. Please tick to give your consent to sharing the information you give with LEAB members and Rethink Mental Illness staff involved in this recruitment process. |
| I consent for Rethink Mental Illness to share and store my personal information to keep in touch with me about any other involvement opportunities that might be of interest to me if I do not become a member of LEAB. You can withdraw your consent at any time by contacting [**involvement@rethink.org**](mailto:involvement@rethink.org). |

If you have any questions about issues about the handling of your personal data, you can contact Rethink Mental Illness at: [**involvement@rethink.org**](mailto:involvement@rethink.org)

**Please submit your completed form to:**

**Email:** [**Involvement@rethink.org**](mailto:Involvement@rethink.org)

**Post: Laura Abbott, Head of Involvement**  
Rethink Mental Illness, 28 Albert Embankment, London, SE1 7GR

\* The General Data Protection Regulation is a piece of European law that protects personal information. We need laws like the GDPR because people have the right to know about and have some control over what information gets collected about them and how it’s used and shared.

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