**My Health Matters**

**Health Champion Training**

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| **Name:**  **Address:**  **Town:**    **Postcode:**    **Home tel:**  **Mobile:**  **Email Address:** | | **Date of Application:**  *(If working in Havering please add details of your role below)*  **Name of organisation:**  **Job Title:**  **Work Email:** | |
| **Date of Birth:** | |
| **Gender *Optional*:**  **Male ☐ Female ☐**  **Transgender ☐ Bi-gender ☐** | |
| **Occupation:** | |
| **Disability** | | | |
| **Do you consider yourself to have a disability Yes ☐ No ☐**  **If yes, please give brief details:** | | | |
| **Ethnicity Monitoring** | | | |
| **White UK ☐**  **White Irish ☐**  **White Other ☐**    ***Do not wish to disclose* ☐** | **Black African ☐**  **Black Caribbean ☐**  **Black Other ☐** | | **Indian ☐**  **Bangladeshi ☐ Pakistani ☐**  **Asian other ☐**  **Other *(Please state);*** |
| **Where did you hear about Health Champions Training:**  **(Please State)** | | | |
| **Please explain briefly why you would like to become a community Health Champion**  **(include any relevant community roles and interests):** | | | |
| **ROYAL SOCIETY OF PUBLIC HEALTH**  **Level 2 Award in Understanding Health Improvement**  **Content:**  This qualification is aimed at members of the community who either or live or work in Havering with an interest in health and wellbeing. It provides an ideal way of equipping people with basic health knowledge and methods of support which they can then use to inform, signpost and motivate other individuals to adopt a healthier lifestyle.  **Length of Course**  As above  **Assessment**  A multiple-choice examination consisting of 30 questions (at end of the session)  On successful completion of the Health Champion training, there will be further optional health-related modules available. | | | |
| **Please note that you must be able to attend the full day 9.30-3.15**  *Please arrive by 9.25am for a prompt start* | | | |
| By signing and returning this form you are committing to attending, getting important Public Health messages out to our community and feeding backing on organisations signposted to and also offering feedback via a regular Focus Group.  **I also understand that data will be used for sending information either through Age UK or the London Borough of Havering but not shared with Third Parties.**  SIGNED …………………………………………………. DATE ……………………. | | | |
| **Office use only**  Date added to Charity Log  Date:  Initial of worker adding details to Charity Log: | | | |

***Please return the complete application form and/or any queries to: myhealthmatters@ageukrbh.org.uk***