Please return this application form to culturesofcare@fons.org This application form includes details of the **final groups** available.

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| 1. **Name:**
 |
| 1. **Job title:**
 |
| 1. **Your contact details:**

**Ward/unit name and address:****Email address:****Mobile number:** |
| 1. **Ethnicity:** Please mark with an X
 |
| 1 - White: English / Welsh / Scottish / Northern Irish / British |  |
| 2 - White: Irish |  |
| 3 - White: Gypsy or Irish Traveller |  |
| 4 - Any other White background |  |
| 5 - Mixed / Multiple ethnic groups: White and Black Caribbean |  |
| 6 - Mixed / Multiple ethnic groups: White and Black African |  |
| 7 - Mixed / Multiple ethnic groups: White and Asian |  |
| 8 - Any other Mixed / Multiple ethnic background |  |
| 9 - Asian / Asian British: Indian |  |
| 10 - Asian / Asian British: Pakistani |  |
| 11 - Asian / Asian British: Bangladeshi |  |
| 12 - Asian / Asian British: Chinese |  |
| 13 - Asian / Asian British: Any other Asian background |  |
| 14 - Black / African / Caribbean / Black British: African |  |
| 15 - Black / African / Caribbean / Black British: Caribbean |  |
| 16 - Black / African / Caribbean / Black British: Any other Black / African / Caribbean background |  |
| 17 - Other ethnic group: Arab |  |
| 18 - Prefer not to say |  |
| 19 - Other |  |
| 1. **Any specific requirements?**

**Do you have any specific learning and support needs that we need to be aware of? Yes/No**If yes, we will offer a 1:1 discussion with your programme facilitator to learn more about these.**Do you have any dietary requirements? Yes/No****Do you have any access requirements? Yes/No** |

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| 1. **Your workplace:**

**NHS England region:** Please mark with an X |
| North East and Yorkshire |  |
| North West |  |
| Midlands |  |
| South East |  |
| South West |  |
| East of England |  |
| London |  |
| **Speciality of ward/unit:** Please mark selection with an X*Please note, providers must align to* [*NHS England’s Commissioning framework for mental health inpatient services*](https://www.england.nhs.uk/long-read/commissioning-framework-for-mental-health-inpatient-services/#1-key-messages-for-those-responsible-for-the-commissioning-of-mental-health-inpatient-services)*, therefore staff from wards described as ‘locked rehab’ are not eligible for this programme.* |
| Adult acute (assessment and treatment) |  |
| Psychiatric intensive care |  |
| Rehabilitation |  |
| Forensic (medium or low secure) |  |
| Mother and baby |  |
| Eating disorder services |  |
| Child and adolescent mental health (including eating disorder services) |  |
| Learning disabilities |  |
| Neurodiversity |  |
| Other – please specify |  |
| **Name and address of your organisation:****Please note this offer is only open to providers already registered on the NCCMH Culture of Care Programme.**Please answer questions below.Is your organisation participating in the [National Collaborating Centre for Mental Health (NCCMH) Culture of Care Programme](https://www.rcpsych.ac.uk/improving-care/nccmh/culture-of-care-programme): **Yes/No**Is your ward/unit participating in the NCCMH Culture of Care Programme: **Yes/No**Are any of your ward staff participating in the [PSC Staff Care and Development Programme](https://cultureofcare.thepsc.co.uk/page/our-offer/): **Yes/No** |

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| 1. **Name of Executive Sponsor (Chief Nursing Officer or equivalent):**

**Statement of support from Executive Sponsor (max. 100 words):****Signature of Executive Sponsor:** |
| 1. **Name of Line Manager:**

**Line Manager contact details (for safeguarding purposes):****Email address:****Telephone:****Statement of support from Line Manager (max. 100 words):****Signature of Line Manager:** |
| 1. **Which programme would you like to participate in?**
 |
| **Workshops**  |  |  |  |
| **(All 0930-1630)** | **Group 9** | **Group 10** | **Group 11** | **Group 12** |
| **Day 1 and 2 residential** | Tues and Weds 15 and 16 July 2025 | Tuesday and Weds 9 and 10 Sept 2025 | Tuesday and Weds 23 and 24 Sept 2025 | Weds and Thurs 15 and 16 Oct 2025 |
| **Day 3 online** | Weds 3 Sept | Tues 14 Oct | Tues 4 Nov | Thurs 13 Nov |
| **Day 4 online** | Weds 8 Oct | Tues 18 Nov | Tues 9 Dec | Thurs 18 Dec |
| **Day 5 online** | Weds 12 Nov | Tues 16 Dec | Tues 13 Jan 2026 | Thurs 22 Jan 2026 |
| **Day 6 online** | Weds 10 Dec | Tues 20 Jan 2026 | Tues 10 Feb 2026 | Thurs 5 Mar |
| **Day 7 residential** | Weds 14 Jan 2026 | Tues 24 Feb 2026 | Tues 17 Mar 2026 | Thurs 26 March 2026  |
| **Locations/Venues** | [Norton Park Winchester](https://www.nortonparkhotel.com/) | [Manchester Marriott Hotel Piccadilly](https://www.marriott.com/en-gb/hotels/manmp-manchester-marriott-hotel-piccadilly/overview/) | [Voco Leicester](https://www.ihg.com/voco/hotels/gb/en/leicester/qewlc/hoteldetail) | [Crowne Plaza Leeds](https://www.ihg.com/crowneplaza/hotels/gb/en/leeds/leeuk/hoteldetail) |
| Participants are free to choose locations that are outside of their NHS region.We will endeavour to offer everyone their first choice, but places are allocated on a first come basis.**My first choice is group number:** If necessary, I could attend another group: **Yes/No If Yes, please indicate second choice:**These are the final groups. Places will be allocated on a ‘first come’ basis. |
| 1. **Terms and conditions of participation**

Please read and confirm acceptance by initialling each of the following: |
| I confirm that I am a Ward Manager (or equivalent) and have leadership responsibility for a clinical team who are delivering inpatient care |  |
| I agree to take part in this programme and confirm I can attend all the workshops |  |
| I confirm that my sponsors are committed to supporting me to:1. Attend all the workshops
2. Work with the team, patients, families and carers etc. to implement my learning into practice
 |  |
| I agree to FoNS facilitators contacting my Line Manager and/or Executive Sponsor if any issues of safeguarding, either of myself or people in my care, arise. I understand that where possible this will be discussed with me prior to any escalation of concerns |  |
| I confirm that my ward/unit is sufficiently stable to enable meaningful change |  |
| I confirm I have made IT arrangements so I will be able to access and participate in the online workshops using a desktop or laptop computer that has access to a working camera and microphone |  |
| I confirm I have made arrangements to connect to online workshops from a quiet space where I won’t be disturbed |  |
| I have read the information about the evaluation of the programme and understand that:1. I will be invited to participate in evaluation activities throughout the programme
2. I can ask questions about the evaluation at any time
3. My participation in the evaluation is voluntary
4. I can change my mind and withdraw from the evaluation at any time
5. Anonymised evaluation data e.g. comments, quotes, pictures etc. can be used and shared in reports, publicity information, websites etc.
 |  |
| I agree to my photograph being taken and used on social media and for FoNS publicity materials etc. If you do not wish to consent – say ‘no’ |  |
| **Participant’s signature:** |  |
| **Date:** |  |

**Data Protection and Privacy**

Your privacy is important to us. FoNS works in line with UK law on data protection and you can read more about FoNS’ data privacy policy via: <https://www.fons.org/privacy-policy/>. By submitting this application form, you are consenting to FoNS holding the data this form contains for the purposes of processing this application. FoNS will not share this information with third parties. However, FoNS staff will review applications as part of the development of the programme and may use external consultants as part of the process.