

Parent Carer Peer Support Training: Joint Application

Section A – for services

Section A, part 1

Information and Governance

1. Are you happy for your anonymised application data to be shared outside of the Trust?

This course is publicly funded and there is a requirement to collect your data. This sensitive data is securely shared with the NHSE England and third parties to monitor program outcomes. We are committed to maintaining the highest standard of data protection and transparency, ensuring your information is handled responsibly and ethically in line with relevant legislation. For more information, please see our [Privacy Policy](#)

- Yes
- No

Section A, part 2

About you

Who is completing this application?

1. Name:
2. Role:
3. Email:
4. Telephone:

Section A, part 3

About the service

About the service...

1. Name of service/organisation:
2. Type of service
 - Voluntary and Community Sector Service
 - NHS CYPMH Service
 - Children's Service in a local authority
 - Education
 - Other (Free text field)
3. Region/country covered:
 - North East and Yorkshire
 - Midlands
 - South West
 - South East
 - North West
 - National
 - East of England
 - London
 - Scotland
 - Wales
 - Northern Ireland
4. Brief overview of CYPMH parent carer peer support offered currently or what you wish to develop, or details of an established relationship with local parent carer support groups/projects [free text field]
5. How did you first hear about the PCPS course? [free text field]

6. Is this the first time you have sent a learner on a PCPS course? [free text field]
7. Please confirm that:
- You currently offer, or are planning to offer, parent carer peer support services.
 - You commit to using the NHS grant to support the PCPS worker to participate in the training and to acquire experience of supporting parents and carers.
 - You will support the parent or carer throughout their training journey including with supervision and beyond where possible to continue to develop parent carer peer support services.
 - You have all relevant organisational practices in place including insurance, safeguarding policies & financial management.
 - You commit to participating in training evaluation and grant monitoring processes related to this PCPS course.
8. Have you attended our PCPS Information sessions before? [yes / no]
9. Have you attended our PCPS Basics Course before? [yes / no]
10. Are you happy to be contacted about future PCPS courses? [yes / no]
11. Does your organisation provide a specialist service for children and young people (CYP) and their families, e.g. substance misuse or neurodiversity? [yes / no]

Services Meetings – for senior management

Our training offer includes a mandatory 'kick off' session for service leads. This will be an opportunity to discuss what your learners and supervisors will need as they undergo the training as well as explore together what changes you may need to make to your services to enable this new workforce to thrive. Please select a date for this meeting to be attended by someone in a position to make any changes required in the service.

Service manager details:

Name:

Email:

Telephone:

Please select the meeting your service manager will be attending:

- Tuesday 9th December 1:30 – 2:30 pm
- Wednesday 17th December 2:30 – 3:30 pm

Section A, part 4

About the Supervisor

PCPS Supervision Provision

Please note: if you are a VCS/CIC/Children's /Education service and are providing line management supervision, a supervisor who can provide clinical support and a bridge into services needs to be agreed and identified from your local CYPMH service.

If your service offers support nationally and you do not have supervision currently in place, please indicate on the application and we will support you to access supervision while this is put in place.

Please select the following:

I can confirm we will provide/have come to an agreement with our local CYPMHS to provide a clinical supervisor who can support the PCPS on their training journey, and that this supervisor will prioritise attendance to the one-day supervision training.

If selected, enter these details:

Supervisor details: Please note, if this application is successful, we will be contacting the supervisor directly to discuss the supervisors training and supervision agreement.

- Service name
- Supervisor name
- Email:
- Telephone number:

Would you consider commissioning your service for additional supervision of PCPS workers? [yes / no]

Section B – for parents and carers

Section B, part 1

Information and Governance

2. Are you happy for your anonymised application data to be shared outside of the Trust?

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- Yes
- No

Section B, part 2

About you

1. Name:
2. Email:
3. Telephone:
4. Preferred method of communication (email, telephone)
5. How did you first hear about the PCPS course? [free text field]
6. Please confirm you are a parent or carer who has lived experience of supporting a child or young person with mental health difficulties and have an interest in or are already working/volunteering as a parent carer peer supporter. Please outline your experience in your supporting statement.
7. Region/country you cover:
 - North East and Yorkshire
 - Midlands
 - South West
 - South East
 - North West
 - National
 - East of England
 - London
 - Scotland
 - Wales
 - Northern Ireland

8. Courses will run on either a **Monday or a Thursday** during the working day. Please tell us if you have a preference/can only attend **Monday or Thursday**, or if you are happy to be allocated to either course:
- **Monday**
 - **Thursday**
 - **No preference**
9. Please confirm that:
- You are a parent or carer who has lived experience of supporting a child or children experiencing mental health difficulties and are committed to working or volunteering as a parent carer peer supporter or are already doing so
 - You can commit to attend the induction session and 8 half days online, attend monthly supervision session, to take part in 30 hours self-directed learning and complete a self-reflective portfolio.
 - You have basic IT skills, can access a computer and consistent internet for the training sessions.
 - You will follow all the relevant organisational practices that your service has put in place such as safeguarding policies and data protection.
 - You will participate in training evaluation and weekly course feedback.
10. Have you attended our PCPS Information sessions before? [yes / no]
11. Have you attended our PCPS Basics Course before? [yes / no]
12. Are you happy to be contacted about future PCPS courses? [yes / no]
13. Do you have access to a PC or laptop? (e.g. a device that connects to the internet)
[yes / no]
14. Parent or carer supporting statement: Please give us a brief outline why you want to do this course and how you will use the training. You may also want to add relevant life experience or work history – but this is optional and please don't share anything you are not comfortable with. [Free text field]

Section B, part 3

We are mindful of the need to authentically represent a diverse range of experiences. To help us identify gaps in representation and help us to develop more targeted efforts towards inclusion, we are asking all Parent Carer applicants to complete an anonymous demographics survey. **Please note, this survey is anonymous, and the responses collected cannot be linked to the identity of the person completing survey. Respondents have the option to decline to answer the survey questions.**

The information we collect will help us to continue our work to improve inclusion and representation across the Trust. **Once you have completed the Demographics survey, you will be provided with a code. Please input this code below to complete your application.**

Thank you for sharing what you are comfortable to share, please do contact us **pcps.training@charliewaller.org** with any questions.

[Input Demographics Survey Code]

[Submit Application]