UK Mindfulness Centres Collaboration

Mindfulness-Based Cognitive Therapy (MBCT) Teacher Training for Improving Access to Psychological Therapies (IAPT) Services

2019-20



**SERVICE APPLICATION FORM**

Please refer to the accompanying documentation: the training information and the training curriculum.

IAPT services wishing to submit staff members for this training course should complete this service application form.

Staff members that are being proposed for the training course should each complete a trainee application form.

The service application form and the trainee application form(s) should be submitted together.

Trainee application form(s) should be submitted together with the completed service application form to the training centre to which your service geographically pertains: North or South (see the training information document for a more detailed geographical breakdown). Each IAPT service should apply to only one site.

Application forms should be completed electronically and submitted by **5pm on Wednesday 21st November 2018**. Shortlisted applicants will be interviewed (usually by skype or zoom) between 4th December and 20th December 2018.

This form should be signed off by the Head of Service and discussed with the Line Manager and Clinical Lead of the nominated applicant(s).

We may contact members of your service to discuss the application.

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| *Please complete this form electronically* |
| *Admin use only:* |
| Name and address of IAPT service: |
| Please provide name, email and phone number(s) of following:   1. Head of Service |
| 1. Clinical Lead(s) for the applicants you are proposing |
| 1. Manager(s) for the applicants you are proposing |
| Geographical area covered by the service: |
| Approximate size of general population covered by the service: |
| Approximate WTE number of High Intensity Therapists in your service: |
| Name of organisation of which the IAPT service is a part: |
| Type of organisation (eg NHS Trust / third sector / private sector): |
| Which Health Education England Local Education and Training Board area does your service relate to (please tick):   * North (Yorkshire and Humber, North East, North West) * London and South East (London, Kent, Surrey and Sussex) * South (South West, Thames Valley and Wessex) * Midlands and East (East Midlands, West Midlands and East of England) |
| Approximately how many 8-week programmes of MBCT have been run within your IAPT service over the last year?  *Please add any comments:* |
| How many members of your IAPT service have undergone formal training to teach MBCT and have currently or recently run 8-week MBCT programmes within the service?  Number of trained MBCT teachers …..  Total WTE of trained MBCT teachers…. |
| How many MBCT teachers would be in a position to co-facilitate 8-week programmes of MBCT in the autumn of 2019 and the spring of 2020 with MBCT teachers-in-training from your service?  Number ….. |
| How many members of your IAPT service are currently undergoing formal training to teach MBCT with a plan to run 8-week programmes of MBCT within the service?  Number of MBCT teachers in training…..  *Please add any comments.* |
| How many members of your IAPT service have received specialist mindfulness supervision training and have experience in providing mindfulness supervision?  Number of MBCT supervisors…..  *Please add any comments.* | |
| Why do you want to submit applicants from your service to be trained to teach MBCT?  *Please explain* | |
| Do you have plans for the building MBCT capacity and for the implementation of MBCT within the service?  *Please describe plans and the level of commitment to their implementation.* | |
| If your staff members complete training with us, to which patient group(s) do you envisage them delivering courses of MBCT? | |
| How many of your High Intensity Therapists do you wish to nominate for this training?  *Services with a total of 0 – 2 MBCT teachers should nominate 2 applicants. Services with 3 MBCT teachers should nominate 1 applicant. Services with a total of 4 or more MBCT teachers are not eligible to submit applications for the training.*  Number of applicants that you wish to nominate…. | |
| Name of 1st applicant for training: | |
| Reasons for nominating 1st applicant: | |
| Name of 2nd applicant for training: | |
| Reasons for nominating 2nd applicant: | |
| Is there anything else you would like us to know? | |
| I confirm that the information provided in this form is true and accurate.  I support the nomination of the applicant(s) for the training.  I confirm that the nominated applicant(s) would be released to attend the 10 training days (detailed in the accompanying documentation) and would be supported to co-facilitate two supervised MBCT 8-week programmes between July 2019 and the end of March 2020.  I confirm that the applicants, upon successful completion of the training, would be supported to deliver MBCT 8-week programmes in accordance with NICE guidelines and suitable arrangements would be made for MBCT supervision by appropriately qualified supervisors, in accordance with national good practice guidelines.  Signature of Head of Service | |
| Date: | |
| *Admin use only:* | |

Please complete this form electronically and email it to training centre for the relevant geographical area:

* North (Yorkshire and Humber, North East, North West, East Midlands, West Midlands and East of England): [**tim.sweeney@nottshc.nhs.uk**](mailto:tim.sweeney@nottshc.nhs.uk)
* South (London, Kent, Surrey and Sussex, South West, Thames Valley and Wessex): [**smc@sussexpartnership.nhs.uk**](mailto:smc@sussexpartnership.nhs.uk)

If you have any queries, please contact the training centre by email.