**Application for Community Women’s Health Champion Programme**

**Once completed please send form to:** [**ddicb.womanshealthchampion@nhs.net**](mailto:ddicb.womanshealthchampion@nhs.net)

The Women's Health Champion programme is a course where you learn about women's health. There are 4 sessions you need to attend.

The goal is to help you understand women's health better and learn about the services available.

After the main sessions, there will be regular "catch up sessions" every 3 months to complete the year programme. These sessions are to talk about any problems, successes, and any extra learning you might need.

If you need any support in completing this form or have any questions, please email: [**ddicb.womanshealthchampion@nhs.net**](mailto:ddicb.womanshealthchampion@nhs.net)

Closing date for application: 7th of February 2025.

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Telephone number:** |  |

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| --- | --- | --- | --- |
| **Do you speak English?** (Please mark with X) | | | |
| Yes |  | No |  |
| If no, what language are you fluent in? |  | | |

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| --- | --- |
| **How would you like to receive information if English is not your first language?** (Please mark with X) | |
| Not applicable – English is my First language |  |
| Information in English |  |
| Information in my language |  |

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| **Which of the following sessions would you like to attend** (Please see dates on website) | |
| Derby City (face to face) |  |
| Chesterfield Town (face to face) |  |
| Online – evening sessions |  |

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| **How would becoming a Women’s Health Champion benefit you and your community?** |
|  |

**Demographics:**

This information helps us understand and evaluate the program.

Your information will be kept private and in line with NHS GDPR process. Information will only be shared anonymously with health and social care systems to help review this programme.

Giving this information is optional, and you can choose not to without any impact and will not affect your application.

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| **What are the first 3 or 4 letters of your postcode?** |  |

|  |  |
| --- | --- |
| **What is your age group?** (Please mark with X) | |
| 18-29 |  |
| 30-39 |  |
| 40-49 |  |
| 50-59 |  |
| 60-69 |  |
| 70-79 |  |
| 80+ |  |

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| --- | --- |
| **Please choose one options that best describes your relationship.**  (Please mark with X) | |
| Single |  |
| Living/ in a relationship with a Partner |  |
| Married/ Civil partnership |  |
| Separated |  |
| Divorced |  |
| Widowed |  |
| other |  |

|  |  |
| --- | --- |
| **What is your gender?** (Please mark with X) | |
| Female |  |
| Male |  |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Please choose one option that best describes you** (Please mark with X) | |
| Heterosexual/straight |  |
| Gay woman/lesbian |  |
| Bisexual |  |
| Prefer not to say |  |
| Other |  |

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| --- | --- | --- | --- |
| **Do you have a disability?** (Please mark with X) | | | |
| Yes |  | No |  |
| If yes – please state |  | | |

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| **Do you look after, or give any help or support to family members, friends, neighbours or others because of any of the following:** (Please mark with X) | |
| Long term physical or mental ill-health/disability |  |
| Problems related to age |  |
| No |  |
| Prefer not to say |  |
| other |  |

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| --- | --- |
| **Please choose one option that best describes your ethnic group or background** (Please mark with X) | |
| White - British |  |
| White – Irish |  |
| White – gypsy or Irish traveller |  |
| White – other |  |
| Mixed/ multiple ethnic groups – White and black African |  |
| Mixed/ multiple ethnic groups – White and Black Caribbean |  |
| Mixed/ multiple ethnic groups – White Asian |  |
| Mixed/ multiple ethnic groups – other |  |
| Asian/ Asian British – Indian |  |
| Asian/ Asian British – Pakistani |  |
| Asian/ Asian British – Bangladeshi |  |
| Asian/ Asian British – Chinese |  |
| Asian/ Asian British – Other |  |
| Black/Black British – African |  |
| Black/Black British – Caribbean |  |
| Black/Black British – Other |  |
| Arab |  |
| Prefer not to say |  |
| Other |  |

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| --- | --- |
| **Please choose one option that best describes your religious identity**  (Please mark with X) | |
| No religion |  |
| Christian (including CoE, Catholic, Protestant and other denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Baha’l Jain |  |
| Prefer not to say |  |
| Other |  |

Thank you for filling out the application form. You will be contacted with the outcome of your application. Please note, there are limited spaces available, and we will give priority to those who apply first. If face to face sessions are over subscribed you may be directed to the on-line session.