



## **Registration of Interest Form**

## Your contact details

First name				
Last name _				
Job title				
Email				
Tel./Mobile				
Workplace detai	ils			
Organisation				·
Address				-
Address 2				
City/town				
Postcode				
ls your workplace				
Private sector	Public sector	Community & voluntary	sector	
How many employees d	lo you have?			
Total number	No. of males	No. of females	Other	
How did you hear about	t Well Team?			

## Consent

We consent to adopt the Equality Commission Mental Health Charter as a voluntary commitment to developing best practice. Register: https://www.equalityni.org/MentalHealthCharter

We consent to the contact details above being processed and stored for the purposes of registration on the Well Team programme. Data will be managed in accordance with NI Chest Heart & Stroke data protection policies in line with current GDPR regulations.

Changes to this form must be saved to your pc / device. Return completed registration form to Emma McCrudden: Email: emccrudden@nichs.org.uk or Address: NICHS, 21 Dublin Road, Belfast, BT2 7HB.