

**1**

Spectrum Connect links Spectrum Researchers with the community. To join, please complete this enrolment form and the attached consent form

**2**

This process should take no longer than five minutes to complete

**3**

You don't have to answer all questions on this enrolment form. However, the more questions you answer, the better we will be able to identify upcoming projects that may be of interest / relevance to you

**4**

If you have questions during enrolment or wish to provide feedback on the process, please contact our Research Secretary on **01524 593756** or **spectrumcentre@lancaster.ac.uk**

1. Title

\_\_\_\_\_

2. First Name(s)

\_\_\_\_\_

3. Last Name:

\_\_\_\_\_

4. Date of birth

\_\_\_\_\_

5. Gender:

\_\_\_\_\_

6. Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Postcode

\_\_\_\_\_

8. Phone no

\_\_\_\_\_

9. Mobile no

\_\_\_\_\_

10. Email

\_\_\_\_\_

11. Preferred method of contact

\_\_\_\_\_

12. Are you currently  
employed?

Yes  No

13. Ethnic  
Origin

\_\_\_\_\_

14. Primary language

\_\_\_\_\_

**15. What sort of research activities and information are you interested in?**

Please tick all that apply

Anxiety	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>
Depression	<input type="checkbox"/>
Psychosis	<input type="checkbox"/>
Service user involvement	<input type="checkbox"/>
Families and relatives	<input type="checkbox"/>
Policy development	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

---

**16. Have you had personal experience of mental health difficulties?**

Yes  No

**17. Are you close to anyone with mental health difficulties?**

Yes  No

**17.1 If yes to Q17, what type of information are you interested in?**

Partners / spouses	<input type="checkbox"/>
Parents	<input type="checkbox"/>
Siblings	<input type="checkbox"/>
Friends	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

---

**18. Are you a health professional?**

Yes  No

**18.1 If yes to Q18, what are your areas of work?**

Please tick all that apply

Adult	<input type="checkbox"/>
Child	<input type="checkbox"/>
Forensic	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>
Older adult	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

---

**18.2 If yes to Q18, what is your job title?**

Nurse	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>
Physician	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>
Social worker	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

---

In order for you to join Spectrum Connect, it is important that you read and initial all boxes to **questions 1 – 7.**

Please initial

- 1. I understand that as a member of Spectrum Connect, I am giving permission to the Spectrum Centre, Lancaster University to contact me with information about Spectrum research and activities.
- 2. I understand that I am under no obligation to take part in any research or activities that I am informed about.
- 3. I understand that I can withdraw from Spectrum Connect at any time. I do not have to give my reasons for withdrawing and this will not affect my relationship with the researchers, Spectrum Centre or Lancaster University.
- 4. I understand that the information I have provided on the enrolment form will be held by the Spectrum Centre, Lancaster University, for as long as Spectrum Centre is in operation or until I express my wish to opt out. I understand that this information will be stored in password protected database, accessible only the Spectrum Centre's Directors, Research Secretary and a designated person by Spectrum Centre's Director, and my rights concerning this information are protected under the 1998 Data Protection Act.
- 5. I understand that the information I provide will not be used for other purposes and will not be shared with other parties.
- 6. If I ever choose to participate in a study, I understand that the Spectrum Connect database may be updated with relevant personal, diagnostic and assessment information collected as part of my participation.
- 7. I agree to join Spectrum Connect.
- 8. Would you like to receive a copy of Spectrum's free quarterly newsletter?  
Yes- Email  No

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

**(or initials if completing electronically)**

Thank you for completing this enrolment and consent form. Please return your completed form by:

**Email:** [spectrumcentre@lancaster.ac.uk](mailto:spectrumcentre@lancaster.ac.uk)

**Post:** Research Secretary  
Spectrum Centre for Mental Health Research  
Division of Health Research  
Lancaster University  
Lancaster  
LA1 4YG

