

**FA REFEREEING MENTAL HEALTH CHAMPIONS SCHEME**

**Application Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Current officiating role** |  |
| **County FA** |  |
| **Email** |  |
| **Contact number** |  |

|  |
| --- |
| **Why are you interested in becoming a mental health champion?** |

|  |
| --- |
| **What skills and experiences can you bring to the role of a mental health champion?** |

|  |
| --- |
| **Why do you think promoting positive mental health within the refereeing community is important?**  |

|  |
| --- |
|  **How do you support your own mental health in everyday life? Do you do anything differently when experiencing stress?**  |

|  |
| --- |
| **This is a voluntary role mainly involving evenings and weekends. How much time each week do you realistically feel you could commit to the role whilst supporting your own mental health and other commitments?**  |

|  |
| --- |
| **Do you have a current DBS (disclosure and barring service) check?** **Yes □ No □**If yes, please state DBS number and date:  |

Thank you for expressing interest in being a mental health champion.

Please return the completed form to: richard.glynne-jones@thefa.com by **5pm on Monday 28th February.**