**Partnership Application for**

**Hearing Voices Groups Facilitators Training**

This application form is for 2 voice hearers who use services who have an interest in facilitating a group in each others service.

Name Name

Address Address

Telephone Telephone

Email (if applicable) Email (if applicable)

Name of service attended: Name of service attended:

Address of service: Address of service:

We are both able to attend on:

**15, 22 and 29 April 2015**

1. Yes
2. No

If you have ticked 2 – which group date(s) will you be unable to attend.

Please give a short statement as to why you are both interested in doing this training.

**Please enclose 2 letters of support from the managers of both services which confirms that they interested in groups being set up in their service.**

Thank you for taking the time to complete this.

Please return to:

[info@hearing-voices.org](mailto:info@hearing-voices.org)