Triangle of Care Membership Scheme Application

Please complete this form if you commit to working towards the Triangle of Care principles.
(Please ensure you have read the guidance notes which accompany this application form before completing it, once completed and signed you are adhering to the requirements of the guidance notes)

Name of Organisation:
Name of Strategic Lead Responsible for Implementation and Sign Off:

Contact Person if Different from Above:
Email:
Telephone:

Details of Organisation
Number of Inpatient Wards (including any specialist, young people’s and older people’s wards):

Number of Crisis Teams or Equivalent Service:

Number of Community Teams (including CAMHs, Assertive Outreach etc):

Do you provide services beyond mental health: Yes/No
If yes, do you commit to work towards self-assessment of these services once mental health service assessment has completed: Yes/No
(If no please provide reasons)

Partners
Name of Partner Organisation(s) who will be providing carer evidence:
Contact Name:
Contact Details:
If no partner organisation available please provide details of how carer evidence will be gathered:

Application Timeframe
Date of Application:
Final Date for Submission of Inpatient Self-Assessments:
Estimated Submission Date for Remainder of Mental Health Service Self-Assessments:

Signed by:
Organisation Role:

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