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**Aware’s ‘Living Well with Bipolar Disorder’ Programme.**

**Psychiatrist/ GP Declaration of Support**

I ……………………….. support ………………………….. , who is a patient of mine, to participate in Aware’s pilot programme ‘Living Well With Bipolar Disorder’. I understand that this is a seven session programme, run on a weekly basis and delivered by a mental health professional. Its overall aim is to provide people who experience bipolar disorder and people who support them with opportunities to understand and manage it effectively. As a key feature of this programme, each participant will invite a family member or friend who supports them to join them for Session Six. Aware will be evaluating this pilot programme and I understand that Aware will contact me separately to see if I would like to participate in the evaluation process.

Aware will contact you for the purpose of securing assistance or support for your patient if necessary.

Signed ………………………. Date: ………………………….

Address: ………………………………………………………………………

Contact Phone Number: ………………………………………………………

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**Aware’s ‘Living Well with Bipolar Disorder’ Programme.**

**Participant’s Consent Form**

I ……………………….. consent to participating in Aware’s pilot programme ‘Living Well With Bipolar Disorder’. I understand that this is a seven session programme, run on a weekly basis and delivered by a mental health professional. Its overall aim is to provide people who experience bipolar disorder and people who support them with opportunities to understand and manage it effectively. As a key feature of this programme, I agree to invite a family member or friend who supports me to join me for Session Six.

Aware will be evaluating this pilot programme and I agree to participate in the evaluation process.

I consent to my Psychiatrist/GP ………………. being contacted by Aware if the mental health professional delivering the programme sees it necessary to do so.

I understand that Aware will keep all data related to me for the purpose of evaluating this programme in accordance with the legislative requirements of the General Data Protection Regulation (GPDR) and that any identifying information on me will be kept confidential and will be destroyed when the evaluation process is complete.

I understand that Aware will give me feedback on the evaluation of this pilot programme.

Signed ………………………. Date: ………………………….

Contact Phone Number: ………………………………………………………