**Become a MECC Training Provider**

This provider model offers access to MECC for Mental Health as well as MECC for Menopause, and MECC for Physical Activity.

**Benefits of becoming a provider**

* Access to MECC for Mental Health training suite of materials.
* Access to Trainer hub with resources, refreshers and guides.
* Listing as a Provider on the RSPH website.
* Control to deliver in your preferred style, as much as you want
* CPD certification of learners who undertake training with you.
* Inclusion in RSPH evaluation process monitoring impact of training delivery.
* Opportunity to publish case studies and learner stories promoting your work on MECC.
* Complimentary RSPH Associate membership for approved Trainers.
* Discount on RSPH membership for learners.

**In return providers must**:

* Deliver courses to the required standard, ensuring learning outcomes are met.
* Submit attendance reports to RSPH after each delivery to ensure certificates can be issued.
* Support the RSPH evaluation process by ensuring learners complete feedback surveys.
* Submit an annual monitoring report about activities, including a sample of course workbooks on request.

**How to apply**

If you are an RSPH approved training Centre or an existing MECC for Mental Health Trainer who has worked with RSPH on the delivery of courses between 2020-2024, the £475 approval fee is waived. Please complete the form below and return it to [MECCforMH@rsph.org.uk](mailto:MECCforMH@rsph.org.uk).

**Section 1. Provider information**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.1** | **Name of Provider** | *This must be the name of your organisation/business* | |
|  | **Address** | *This must be a physical address and not a PO or other letterbox or service for the collection of mail* | |
|  | **Postcode** |  | |
|  | **Telephone** |  | |
|  | **Email** |  | |
|  | **Website** |  | |
|  | **Please confirm:** | I am an approved RSPH Centre  Centre number**:** | I am a MECC Trainer with RSPH |
|  |  |  | |
| **1.2** | **Contact details** | *Once approved, a Provider would be listed on the RSPH website. Please indicate below the contact details you wish to make publicly available or indicate if you prefer not to be listed on our website* | |
|  | **Listing on website** | Does the Provider want to be listed on the RSPH website? **YES  NO** | |
|  | **Address / Postcode** |  | |
|  | **Telephone** |  | |
|  | **Email** |  | |
|  | **Provider’s website** |  | |
|  | **Description** | *Please include a description of no more than 200 words. You may wish to include background to your organisation/business, your experience and information about what you deliver/how you deliver.* | |
|  |  |  | |
| **1.3** | **Type of Organisation** *(delete as appropriate)* | **School / College / Private training provider / Local Government / NHS / Voluntary Organisation / Employer / HM Prison / Other** *(please specify)* | |
|  | | | |
| **1.4** | **Provider Lead Contact** | *This person is accountable to RSPH for the management and operation of the Provider site and/or the delivery of RSPH training* | |
|  | **Name** |  | |
|  | **Position in Organisation** |  | |
|  | **Telephone** |  | |
|  | **Email** |  | |
|  | | | |
| **1.5** | **Main Provider Administrator** | *This person is responsible for the receipt of certificates, reports, and communications from RSPH. If this is the same person as 1.4, please indicate this below.* | |
|  | **Name** |  | |
|  | **Position in Organisation** |  | |
|  | **Telephone** |  | |
|  | **Email** |  | |
|  | | | |
| **1.6** | **Invoicing address (if different from above)** | | |
|  | **Name of Contact** |  | |
|  | **Address** |  | |
|  |  |  | |
|  | **Postcode** |  | |
|  | **Telephone** |  | |
|  | **Email** |  | |
|  | **Purchase Order Number** |  | |
|  | | | |
| **1.7** | **Provider Staff** |  | |
|  | **Trainer(s)** |  | |
|  | **Email** |  | |
|  | **Experience** | Have your Trainer(s) all completed MECC for Mental Health training, been involved in the delivery of training, and/or attended a Train the Trainer? | |

**Section 2. Training and Learners**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.1** | **Which MECC for Mental Health training courses do you wish to deliver?**  *Tick all that apply* | *Making Every Contact Count (MECC) for Mental Health* |  |
| *MECC for Menopause* |  |
| *MECC for Physical Activity* |  |
| *MECC for Universities (or other adaptation)* |  |
| **2.2** | **Who are your intended Learners?** |  | |
| **2.3** | **Projected number of learners per training course for the next 12 months** |  | |
| **2.4** | **Delivery model**  *Please specify your preferred delivery model(s) to be included on your listing.* | In person delivery |  |
| Virtual delivery (Teams/Zoom) |  |
| Deliver regionally |  |
| Deliver nationally |  |
| **2.5** | **Delivery types offered**  *Please specify the type(s) of training you can be contacted about* | Internal training only (for own organisation) |  |
| In-house training (on a cohort commission basis) |  |
| Open/freelance training (bookable dates for individuals and groups)  *Please note RSPH can include signposting links to bookable dates on our events* [*calendar here*](https://www.rsph.org.uk/events.html)*.* |  |

**Section 3. Training Provider Requirements**

|  |  |  |
| --- | --- | --- |
| **3** | **Requirement** | |
| **Please tick to confirm:** | |
| The Training Provider will adhere to quality assurance processes set by RSPH |  |
| The Training Provider will adhere to CPD reporting processes set by RSPH |  |
| The Training Provider will adhere to feedback and evaluation processes set by RSPH |  |
| The Training Provider will ensure they have up to date policies in place covering safeguarding, complaints, health and safety, data and document storage. |  |

**Section 4. Declaration**

|  |  |
| --- | --- |
| **I confirm that:**   * I have the authority on behalf of my organisation/business to submit this application. * The information given in this application is correct and complete to the best of my knowledge. * I understand that RSPH has the right to decline an application without giving reasons for the decision and that there is no right of appeal against approval decisions. | |
| Signed |  |
| Print Name |  |
| Position |  |
| Date |  |