**Henpicked Menopause Advocate/Train the Trainer (TTT) commitment form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I have read the role description for the role of advocate/train the trainer, and agree to commitments stated, which are listed below.

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| * All advocates/TTT need to agree and sign the commitment form
* All advocates/TTT need to gain consent from their manager
* Complete Henpicked advocate/TTT 6 hour training
* Attend all meetings where possible with a minimum standard of twice per year.
* Join Lincolnshire Staff Wellbeing Hub Menopause Teams channel and network
* Continually develop knowledge, attend training or development sessions where needed and reach out for support from the Lincolnshire Staf Wellbeing Hub
* Dedicate to deliver a minimum of 2 sessions per year across system alongside any individual organisational expectations
* Support and promote the organisation to become/maintain menopause friendly employer
* Prioritise your own personal wellbeing
* Let us know if you are no longer able to commit
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By signing this commitment form I agree for my personal information to be stored in a central database managed by the Lincolnshire Staff Wellbeing Hub. This information will be shared with Wellbeing leads across Lincolnshire Integrated Care System and will only be accessible for purposes relating to the role. This date will be stored in accordance with GDPR. By joining the MS teams channel and network I consent for my personal information (name, workplace, contact details) to be visible to other network members.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line managers name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line manager signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_