**PARTICIPANT DETAILS SHEET FOR PRACTITIONERS**



Please can you provide some personal and professional details for the research team? This will enable us to accurately describe the characteristics of the practitioners who took part in the study.

Please do not put your name on the form itself.

Please return your completed form via email to: [nmahp.relations@stir.ac.uk](mailto:nmahp.relations@stir.ac.uk)

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| **PARTICIPANT ID:**  **AGE RANGE:**   18-24  25-34  35-44  45-54  55-64  65+  Prefer not to answer    **GENDER:**  Male/Man  Female/Woman  Transgender  Gender-nonconforming  Prefer not to answer  **HOW WOULD YOU DESCRIBE YOUR ETHNICITY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Prefer not to answer  **JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_**  e.g. Senior Social Worker, Project Worker, Community Mental Health Nurse.  **ORGANISATION TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_**  e.g. NHS, Social Services, Third Sector.  **YEARS/MONTHS IN CURRENT POST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_**  **YEARS/MONTHS WORKING WITH PARENTS WHO USE DRUGS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **GEOGRAPHIC AREA OF PRACTICE: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **HAVE YOU HAD SPECIALIST TRAINING/EDUCATION IN ANY OF THE FOLLOWING:**  Addictions   Mental Health  Parenting interventions/programmes  Child Development   Child Protection  **WHAT PROFESSIONAL AND/OR ACADEMIC QUALIFICATIONS DO YOU HOLD?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |