**Volunteer Peer Mentor application form**

If you need this form in large print or another format, or need help to fill it in, please contact Claire Lawrence Peer Mentoring Coordinator, **C.lawrence1@nhs.net 07736 457670**

Please note: to be a Peer Mentor with AWP, you need to be at least 18 years of age.

**Contact details**

**Mentoring Team Manager;** Claire Lawrence

|  |
| --- |
| **Title(s)**  [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss Other (please state) **Ethnicity;** |
| **First Name(s)**  | **Last name**  |
| **Address**  **Postcode** |
| **Date of Birth**  | **Email** |
| **Home phone**  | **Mobile**  |
| **Current DBS certificate number date;****Signed up for update service Y/N**  |

When are the best times to contact you? (Tick all that apply)

Morning [ ]  Afternoon [ ]

**Emergency contact details**

Name of person to contact in an emergency:

Relationship to you:

Phone number of person to contact in an emergency:

**Personal Profile**

Which best describes your current employment status

[ ]  Employed full time [ ]  Employed part time [ ]  Retired

[ ]  Unemployed [ ]  Student [ ]  Other

We aim to create a positive environment that enables everyone to realise their potential. If you have a physical disability or health problem please give details below, so we can consider any appropriate adjustments and better support you in your role as Peer Mentor. (for example you may need large print documents or additional breaks)

|  |
| --- |
|  |

Are you a current service user with AWP (Avon & Wiltshire Mental Health Partnership NHS Trust)?

Yes [ ]  No [ ]

**Please tell us the type of service you have used:** (for example inpatient, community team, recovery service

There is an expectation for role of Peer Mentor that you are available 2-4 hours weekly for the role for at least 6 months, initially there will also be additional training, please indicate your availability: (please tick all that apply)

Monday [ ]  Morning [ ]  Afternoon

Tuesday [ ]  Morning [ ]  Afternoon

Wednesday [ ]  Morning [ ]  Afternoon

Thursday [ ]  Morning [ ]  Afternoon

Friday [ ]  Morning [ ]  Afternoon

Saturday [ ]  Morning [ ]  Afternoon

Sunday [ ]  Morning [ ]  Afternoon

What qualities, skills or experience do you have that would make you suitable to become a Peer Mentor with St Mungo’s / AWP? This can be hobbies, interests, qualifications, other volunteering, work or life experience.

Please tell us why you would like to become a Peer Mentor.

**References**

Please give the details of two referees who know you well and are not a relative. If you are a current mental health service user or have been discharged from services in the last 12 months please provide the contact details of your care co-ordinator or support worker.

|  |  |
| --- | --- |
| **Reference 1** | **Name** |
| **Address**  |
|  |
|  | **Postcode** |
| **Phone number**  | **Email** |
| **Relationship to you**  |

|  |  |
| --- | --- |
| **Reference 2** | **Name** |
| **Address**  |
|  |
|  | **Postcode** |
| **Phone number**  | **Email** |
| **Relationship to you**  |

Are you a UK, EU or EEA National? Yes [ ]  No [ ]

If no, do you have documentation to show your right to remain in the UK? Yes [ ]  No [ ]

How did you find out about volunteering with AWP?

[ ]  AWP website [ ]  Event [ ]  Poster or leaflet

[ ]  Word of mouth [ ]  Other (please state)

Volunteers with AWP are exempt from the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 (as amended in 2013)

This means that you and your referees must tell us about any previous convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

**For further information or advice on this please see:** [**https://www.gov.uk/government/news/disclosure-and-barring-service-filtering**](https://www.gov.uk/government/news/disclosure-and-barring-service-filtering)

*The requirements in England and Wales for healthcare are that:*

* *A caution is protected from disclosure six years after it was accepted. If the offender was under 18 when the caution was accepted then that period is reduced to two years.*
* *A conviction is protected from disclosure after 11 years. If the offender was under 18 when convicted then that period is reduced to five and a half years. In either case a conviction will only be protected if the offender received a noncustodial sentence and has no other convictions.*

*A caution or conviction will NOT be protected if it is for a ‘listed offence’ under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Listed offences include serious violent and sexual offences and offences which are of specific relevance to the safeguarding of children and vulnerable adults. A caution or conviction for a listed offence must always be disclosed.*

If you do have convictions, cautions, reprimands or final warnings your case will be considered on an individual basis dependent on the circumstances and nature and age of the conviction and if it has any relevance in your current application to volunteer as a Peer Mentor.

All information will be treated with the strictest of confidence and failure to disclose convictions, cautions, reprimands or final warnings could result in the Trust not proceeding with your application.

**Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?**Yes [ ]  No [ ]

If Yes, please provide details: (Continue on a separate sheet if more space is needed)

|  |  |  |
| --- | --- | --- |
| **Date** | **Details** | **Outcome** |
|  |  |  |
|  |  |  |
|  |  |  |

**If you registered for the DBS Update service when you had a previous DBS check please tick here**

Yes [ ]  No [ ]

In accordance with the Data Protection Act 1998, I agree that AWP can keep information about me for contact and volunteering purposes. Please tick [ ]

**Declaration:** I declare that the information I have given on my application is correct. I give permission for my referees to be contacted.

|  |  |
| --- | --- |
| **Name**  | **Date** |
| **Signature**  |

We will be asking you to complete an on-line Occupational Health form (Fit4jobs) at the next stage ( this is private and only seen by them) but we also ask you to complete the form below to help us support you.

**Medical Information**

If you have had in the past/currently one of these conditions and in the event of something happening during your volunteering we would like to know what actions you would like us to take. In the event that you need immediate medical help we will call the emergency services.

**This information will be shared with the service that you are supporting, but it will not be shared with service users.**

|  |  |  |
| --- | --- | --- |
| **Condition** | **Existing condition/ Previous symptoms (yes/no) Action required if any?** | **Other information to assist in emergency or dial 999 immediately** |
| Serious allergies (please list) |  |  |
| Asthma/breathing problems |  |  |
| Diabetes( specifically insulin dependent, actions for high/ low blood sugar) |  |  |
| Epilepsy / collapse  |  |  |
| Fainting  |  |  |
| Heart conditions  |  |  |
| Hyperventilation/anxiety attacks  |  |  |
| Poisoning – including previous prescribed medication or drug/alcohol use  |  |  |
| Stroke  |  |  |
| Please describe any other medical conditions that we should be aware of, or that may affect you during your volunteering. |  |  |

**Please complete and return this form by email to; c.lawrence1@nhs.net.**

**or post to:** Claire Lawrence, Peer Mentoring Coordinator, Bath NHs House, Newbridge Hill, Bath, BA1 3QE

**Data Protection & photo authorisation**

In accordance with the Data Protection Act 1998 and GDPR (General Data Protection Regulation) I agree that AWP/ St Mungo’s can keep information about me for contact and involvement purposes. Data will be held on a secure database. If I decide to withdraw from involvement, this will be noted on the database and my information will be held for 3 years.

I understand that I can request to see a copy of the information that is held.

Please tick to show you agree to your details going on to the database

Please tick to confirm if you are happy to be contacted via email and text

Please tick to confirm you are happy for us to share your name &

contact details to book you onto courses with through the Volunteer Pass/

Wellbeing College.

Please tick to confirm you are happy for photographs of you being shared on;

 St Mungo’s, Bridges2Wellbeing, website

 St Mungo’s Volunteer newsletter

 Promotional leaflet for peer mentoring

I certify, to the best of my knowledge, that the information provided on this Expression of Interest form is correct.

Signed: …………………………………………………....…. Date: ….………………………………

Print Name: ………………..…………………………………………………………………………….