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**Peer Volunteer Application Form**

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| **Name:** |  |
| **D.O.B.:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Gender:** |  |

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| --- | --- | --- |
| **Which area would you like to volunteer for as a Peer Volunteer? (Please circle)** | | |
| Gloucester  Forest of Dean | Cheltenham  Moreton  Tewkesbury | Stroud  Dursley  Cirencester  Tetbury  Lechlade |

*Please give the details of two people (not connected to Independence Trust or Board of Trustees) who can provide you with a reference. One should be a professional and one personal.*

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Relationship:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Relationship:** |  |

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| **Please give us your reasons for wanting to become a Peer Volunteer** |
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| **Tell us a little about what led you to this decision** |
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| **Please include any voluntary work, leisure interests or other activities that you consider to be relevant to this role current or previous** |
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| **Tell us about the skills that you have that you would bring to this role** |
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| **Do you have any experience or knowledge of Mental Health e.g. self, as a Carer, family member, professional .etc.?** |
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| **If so, would you like to tell us just a little about your experience and knowledge?** |
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| **If you are accepted as a Peer Volunteer, can you commit to: (please circle)** |
| Support Sessions? (supervision) Yes No  An average of 3 hours per week? Yes No  Working within IT Peer Volunteer guidelines? Yes No  Initial & ongoing training? Yes No |
| ***If you are uncertain about any of these, please speak with a member of the team.*** |

**Criminal Convictions Declaration**

Rehabilitation of Offenders Act, 1974 (Exceptions Order 1975)

Have you ever been convicted of a criminal offence?

|  |  |
| --- | --- |
| **YES** |  |

|  |  |
| --- | --- |
| **NO** |  |

If yes, please give particulars. Because of the nature of the work in which you will be involved, you must provide information about convictions under the provision of the Rehabilitation of Offenders Act, 1974. In the event of being accepted by Independence Trust, any failure to disclose such conviction could result in your being asked to leave. Any such information given will be treated in complete confidence.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Place** | **Type of offence** | **Fine imposed** |
|  |  |  |  |

A Disclosure and Barring Service (previously known as Criminal Records Bureau) check will be needed in order to be a Peer Lead for Independence Trust.

**Support / Access Requirements**

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| **Please outline any equipment, support or faith needs that you require to enable you to be a Peer Volunteer for us.** |
|  |

I give my consent for Independence Trust to retain this information and understand that it will be stored confidentially and handled in full compliance with the Data Protection Act 1998 and Independence Trusts Confidentiality Policy.

To the best of my knowledge, I can safely be involved in Peer Development activities. I understand the importance of keeping my supervisor updated on significant changes in my health or circumstances.

The information on this form is, to the best of my knowledge, accurate. I understand that the provision of false information may result in disqualification or the termination of voluntary work.

**Applicant signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *C:\Users\apowell\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\B0AB4HF0\1425710397[1].pngThank you for applying to be a Peer Volunteer at The Independence Trust.* |

If you have any questions about the application process, please contact Simon Price (Peer Team Leader) on **07718051368** or email [**simon.price@independencetrust.co.uk**](mailto:simon.price@independencetrust.co.uk)

Once completed, please return this form to the email above or to:

Simon Price

Peer Team Leader

Independence Trust

Conway House

31 Worcester Street

Gloucester

Gloucestershire.

GL1 3AJ