

LEAP Volunteer Application **– Peer Leader**

Please complete in black ink or type

*If you would like support in completing this form, please contact our team*

All information on this form will be treated in the **strictest confidence**

|  |  |
| --- | --- |
| Surname | First Name |
| Address | E-mail address |
| Home Telephone No | Mobile No. |
| Qualifications and training |

**Experience, Skills and Qualities**

Please describe in the spaces below how you meet the Role Requirements and can commit to the Key Tasks Essential to the role. In outlining your experience, please give examples e.g. from work, other voluntary roles, college, and university or from the home.

|  |
| --- |
| Ability to maintain confidentiality |

|  |
| --- |
| Good verbal communication skills |

|  |
| --- |
| Ability to communicate via email or be willing to learn |

|  |
| --- |
| Committed to the requirements listed in the role description |

|  |
| --- |
| If you have any particular requirements or support needs which we may need to be aware of please explain below: (*Please note that this will not negatively impact your application, but enable us to provide appropriate support)* |

|  |
| --- |
| Please provide a summary of why you wish to be a Peer Leader volunteer at Mind in Tower Hamlets and Newham |

|  |
| --- |
| We need a minimum commitment of 6 months, please state your availability by placing an X in the box to show the days and times you could volunteer |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Mornings |  |  |  |  |  |
| Afternoons |  |  |  |  |  |

**REFERENCES & CHECKS**

Whatever volunteering you do for us, for however short a time; you will be a representative of Mind in Tower Hamlets and Newham, in a position of responsibility and trust. As our work is with vulnerable adults, we have to ask you to apply for an enhanced Disclosure and Barring Service check that we can pay for following a successful probationary period.

As a minimum, for volunteer applications, we would require at least one reference in order to process your interest, although 2 references would provide a better understanding of your past performance and skills. At least one should be someone who knows you in a formal way, for at least one year, e.g. employer, social worker, tutor. The other should be someone who has known you for at least 2 years. This could be a friend.

**First Referee**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Daytime telephone |  |
| Occupation |  |
| In what capacity do they know you? |  |
| How long have they known you? |  |

**Second Referee**

|  |  |
| --- | --- |
| Name |   |
| Address |  |
| Email |  |
| Daytime telephone |  |
| Occupation |  |
| In what capacity do they know you? |  |
| How long have they known you? |  |

We operate an open file policy, which means that you may read your reference, unless the referee states otherwise.

Please ensure you have seen our commitment to protecting your privacy and data; available on our website at the following address <http://www.mithn.org.uk/commitment-to-data-protect.html> and have a copy of the [GDPR statement](http://www.mithn.org.uk/uploaded_files/ckfinder/files/GDPR%20Policy%282%29.docx).

**Consent**

Please tick the boxes and sign below to consent to:

The personal data you provide us with being securely stored and shared as set out above, as necessary in relation to your role

Being contacted by Mind in Tower Hamlets and Newham or relevant partner organisations by phone or email in relation to your role

I confirm that the information provided on this application is correct

Name: Signature: Date:

Please return your completed application to: peerservices@mithn.org.uk

**For office use only**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** |  | **Date** |
| **Form received**  |  | **References sent** |  |
| **Entered on database** |  | **Leap Staff** |  |
| **DBS pack sent** |  | **Returned for filing** |  |
| **Decision:** |  | **Role:** |  |
| **Start Date:** |  | **Review/End Date:** |  |