

Volunteer Application Form

The information given on this form will be kept confidential

**Please complete this form in block capitals.**

**Feel free to add more information to the end of the form and attach a C.V if you wish.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Role Applied for:** | **Peer Navigator Volunteer** |
| **Department:** | **The Wellbeing Network – Peer Pathway** |
| **Address:** |  |
| **Postcode** |  |
| **Telephone number:** |  |
| **Email address** |  |

**About you**

**Why would you like to volunteer as a Peer Navigator?**

**What do you understand by the term ‘mental health peer’?**

**What would you wish to gain from this experience?**

**Please tell us about any skills, interests, training, education or employment that you have that relate to this role....**

**Your commitment**

The success of our services relies on staff and volunteers’ reliability and commitment.

**How much time per week are you looking to commit?**

**Please tick the appropriate box (es) of the week you are available.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DAY | MON | TUE | WED | THURS | FRI | SAT | SUN |
| MORNING |  |  |  |  |  |  |  |
| AFTERNOON |  |  |  |  |  |  |  |
| EVENING |  |  |  |  |  |  |  |

**How did you hear about this volunteering opportunity?**

Volunteer Centre

Poster/Leaflet Where?..................................................

Newspaper Which?...................................................

Word of Mouth

Other (please state) Website

**References**

Please give details of two people, who are willing to act as referees, one should have known you for at least two years. If you are unable to provide two referees, please let us know and we will discuss this with you.

1.

Name:

Position:

In what capacity do you know this person:

Address:

Telephone:

Email:

2.

Name:

Position:

In what capacity do you know this person?

Address

Telephone:

Email:

Criminal Convictions

Applications from ex-offenders are welcomed and will be considered on their merit. Convictions that are irrelevant to this volunteering position will not be taken into consideration, but you are required to disclose any convictions, which are not by virtue of the Rehabilitation of Offenders’ Act 1974.

**We require all volunteers to have a Disclosure and Barring Check done by the Disclosure and Barring Service (DBS). For this role you will need an Enhanced DBS with barring list check.**

Below explains the different level of DBS checks:

* **Standard DBS** check

This requires you to disclose convictions which are not “spent” yet under the Rehabilitation of Offenders Act 1974.

* **Enhanced DBS** check without barring list check

This requires you to disclose all convictions regardless of whether they are “spent” or “unspent” under the Rehabilitation of Offenders Act 1974.

* **Enhanced DBS** check with barring list check

This requires you to disclose all convictions regardless of whether they are “spent” or “unspent” under the Rehabilitation of Offenders Act 1974. If you are recorded on the barring list, you cannot apply for any job that has this level of DBS check.

Under the Rehabilitation of Offenders Act 1974 some convictions become spent or forgotten after a rehabilitation period.

We will consider convictions based on whether the offence relates to the nature of the job.

**ACTION REQUIRED:**

* **Before Interview**
	+ If you know that a DBS check will confirm convictions / barring on your record, please attach a written statement with your application to give us this information.
	+ The manager making the appointment will consider it in confidence and decide if it has any bearing on the appointment.
	+ The manager will decide whether to invite you for interview.
* **After interview and after receiving the DBS check**

We may decide it is appropriate to appoint an applicant who has a criminal record / barring following a risk assessment. The written risk assessment takes into consideration the nature, severity, frequency and timing of the convictions, and the nature and requirements of the work.

**Have you been convicted of any criminal offence?**

Data Protection

Your privacy and the security of your data is our top priority. Please take a moment to read through our applicant’s privacy notice.

Declaration

I declare that the information provided on this form, and on any accompanying documents, is true to the best of my knowledge and belief. I understand that false information may lead to the termination or withdrawal of a volunteer agreement.

I agree that the content of this form and of any accompanying documents may be treated as part of any volunteer agreement between myself and Mind CHWF.

I understand that my application form and monitoring form will form part of my personal file and will be treated in accordance with the requirements of the Data Protection Act.

Signed.................................………………...……………

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

**Please make sure that the application form is fully completed.**