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| ***If I Told You, What Would You Do?* Peer Support Group Co-Facilitator Application Form** | | | | | |
| **1. Personal Information** | | | | | |
| Title: | Forename(s): | | | Surname: | |
| Known as: | | | | | |
| Any previous names by which you have been known: | | | | | |
| Date of Birth: | | | | | |
| Home Address:  Postcode: | | | | | |
| Daytime Tel No: | | Mobile Tel No: | | | Evening Tel No: |
| Email Address: | | | | | |
| **2. Education, Training & Qualifications Information**  Please give details of any relevant training and qualifications which you feel equip you for this role. Please include dates. | | | | | |
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| **3. Employment & Voluntary Work Experience**  Please provide a full history (with dates wherever possible) of any previous experience you may have of providing pastoral care or psychological support, whether paid or voluntary. | | | | | |
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| **4. Church Involvement**  Please provide a full history (with dates wherever possible) of your church involvement (current and previous). | | | | | |
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| **5. Why do you want to volunteer?**  Please tell us why you wish to apply for this role and the skills & qualities you think you would bring to the role. Please also tell us about any skills or experience you hope to gain through this opportunity: | | | | | |
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| **6. Health Information**  Please provide information about any disability or health issue that we should be aware of in order that we can identify what support or reasonable adjustments we can provide for you to undertake volunteering duties safely. | | | | | |
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| **7. References**  Please provide details of two referees here who can speak to your experience in sections 3 and 4 above. Referees must be over 18 and not be family members or relatives. Please note that 'Self-supplied’, ‘to whom it may concern’ and verbal references will not be accepted. | | | | | |
| Name: | | | Telephone No: | | |
| Address (including postcode): | | | Email Address: | | |
| In what capacity do you know this person? | | | | | |
| Name: | | | Telephone No: | | |
| Address (including postcode): | | | Email Address: | | |
| In what capacity do you know this person? | | | | | |
| **8. Data Protection**  Your personal details will be treated as confidential and will be kept for no longer than necessary. If you are appointed the information you have provided on this form will become part of your volunteer records which will be used to plan and record your practical involvement as a volunteer. By signing this form you consent to the information being used and stored in the capacity stated. | | | | | |
| **9. Declaration** | | | | | |
| I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my termination of my role as a volunteer.  I understand that any offer of appointment to a volunteering role is subject to satisfactory pre-appointment checks as well as completion of a Confidential Declaration Form and satisfactory disclosure from the Disclosure and Barring Service at the appropriate level, where this is a requirement of the role as stated on the volunteer role description.  I understand that if I am appointed to a volunteering role there will be a settling in period and that I will be expected to complete a volunteer induction programme and undertake relevant safeguarding training. | | | | | |
| Signed: | | | Print Name: | | |
| Date: | | |