



Mind2Mind Peer Mentor Application Form

Personal Details

Surname: _____ Forename(s): _____

Address: _____

Postcode _____ E-mail: _____

Home Tel no: _____ Mobile no: _____

How did you hear about Mind in Bexley? _____

About you

Why would you like to become a Peer Mentor?

Please give details of any relevant experience (which can include personal experience of mental health issues), skills or hobbies you have, including previous voluntary work:

References

Please give the **name**, and full contact details of **two** people who could provide a reference for you. One should know you in a professional capacity e.g. past employer, lecturer, volunteering co-ordinator, health professional such as CPN, GP or Social Worker; and one can know you in a personal capacity, e.g. a friend.

Name: _____	Name: _____
Address & Postcode: _____	Address & Postcode: _____
_____	_____
_____	_____
Tel: _____	Tel: _____
Email: _____	Email: _____
Capacity known to you: _____	Capacity known to you: _____
_____	_____

Criminal Records Bureau Disclosures

In line with Mind in Bexley's stated commitment to the principles of equity for everyone, all Staff employed by Mind in Bexley and all Volunteers fulfilling a role at Mind in Bexley will be subject to a CRB check, to help assess the suitability of applicants for these positions of trust, there will be no exceptions to this requirement which is in place to safeguard the well being of those who use our services and the integrity of the organisation.

Because of the nature of the role, you are required by the Rehabilitation of Offenders Act 1974 to declare all criminal convictions including those which are spent.

Mind in Bexley complies fully with the CRB Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate **unfairly** against any subject of a Disclosure on the basis of conviction or other information revealed.

Have you ever been convicted of a criminal offence? **Yes/No** (delete as appropriate)

If your answer was 'Yes', please give the date(s), nature of the Offence(s) and sentence(s) passed:

Health

Please detail any long – term health issues:

I confirm that the information I have given above is complete and correct:

Signature _____ Date ____ / ____ / ____