

Re:connect: Peer Mentoring Enquiry Form

This form is for people who would like to volunteer to be a peer mentor with Re:connect for more information, please read the **Peer Mentor Role Description**.

1. VOLUNTEER DETAILS

<p>Name:</p> <p>Address:</p> <p>Postcode:</p>	<p>Home Telephone No:</p> <p>Mobile Number:</p> <p>Email:</p> <p>Date of Birth:</p> <p>Gender:</p>
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Please indicate contact methods you are happy for us to use (tick all that apply):

Home Telephone Mobile Email Letter

Do you have any additional support needs or communication requirements which we should be aware of when we get in touch with you and/or arrange an interview? If you need adjustments to be made, please let us know what would help.

(e.g. mobility issues, deaf, hard of hearing, visual impairment, English not your first language, a mental health issue)

Are you currently supporting someone with mental health issues?

Yes No On and Off

What other responsibilities do you have?

- | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Full-time work (more than 16 hours per wk) | <input type="checkbox"/> Part-time work (up to 16 hours per wk) |
| <input type="checkbox"/> School/Further Education/Training | <input type="checkbox"/> Other caring responsibilities |
| <input type="checkbox"/> Volunteering or Community Work | |

How would you describe your current lifestyle?

Hectic with a lot of stress

Busy but in control

Calm and in control

Sometimes calm & sometimes hectic

If you become a peer mentor would you be able to commit around three hours per fortnight for 6-12 months?

Yes

No

I need more information to decide

2. PLEASE TELL US WHY YOU WISH TO VOLUNTEER FOR RE:CONNECT

Please tell us briefly what experiences you have supporting someone, i.e. what your relationship is/was and why they need/needed your support. In addition, please add any other information which you feel may be relevant to your decision to start volunteering.

If taken on as a volunteer peer mentor, when would you prefer to meet up with your peer? (Please tick all appropriate boxes)

- | | |
|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Weekday - daytime | <input type="checkbox"/> Weekday – evening |
| <input type="checkbox"/> Weekend – daytime | <input type="checkbox"/> Weekend – evening |

Are you available to attend 6 training sessions each lasting approx. 2.5 hours? (The timing and structure of training depends upon volunteer availability so can be delivered flexibly i.e. evening sessions, whole day multiple sessions etc.)

- | | | |
|-------------------------------------|------------------------------------|------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
|-------------------------------------|------------------------------------|------------------------------------------|

Please tell us more about when you are available:

How did you hear about the peer mentoring project?

Please provide an emergency contact

Name.....

Relationship

Address.....

.....

Telephone Number

Email Address

Criminal record declaration

Do you have any unspent convictions or cautions that may affect your ability to work with vulnerable groups? (Having an unspent criminal conviction does not mean that you will not be considered for this position and you do not need to tell us about any spent)

Yes No

If you have answered yes, please disclose the details on a separate sheet and return this with your application.

DECLARATION

I declare that the information provided on this form is correct. I understand that the declaration of a criminal record will not necessarily prevent me from being offered this role.

Signed: _____ Date: _____

Please consider me for the role of Peer Mentor.

I confirm that all information on this form is correct, and understand that misrepresentations on this form could lead to the withdrawal of volunteering.

Signature _____ **Date** _____

Please return this form by email or post to:

**Anna Gibb
Re:connect
St Andrews by the Green
33 Turnbull Street
Glasgow
G5 1PR**

Email: a.gibb@gamh.org.uk
Telephone: 07912481557

Re:connect, GAMH, St Andrews by the Green, 33 Turnbull Street, Glasgow, G1 5PR.

Re:connect delivered by Glasgow Association for Mental Health (GAMH) operates a confidential and secure service and is registered under the Data Protection Act. We may use written records to enhance the service we provide. Some of the information you provide may be processed by computer. You may have access to information you provide in accordance with Data Protection and Access to Persons Files legislation and GAMH code of Confidentiality.

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