

## Peer Mentor application form

Title (Mr/Ms/Mrs/Miss etc.):	Forename:	Surname:
Address:		
Postcode:		
Mobile Phone Number:		Landline Number:
Email Address:		

<p>Please tell us why you wish to be a peer mentor and if you have any specific goals</p>	<p>Are you able to commit to 10 weeks of training (one full day per week)</p> <p>Yes/No</p> <p>Are you able to commit to a 6 month placement?</p> <p>Yes/No</p> <p>How many days per week would you be available as a peer mentor?</p> <p>Which days and times of the week are you available? (<i>Monday – Friday, AM/PM/All day</i>)</p>
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<p>Are you related to any current or former WDP staff member/volunteer/service user?</p>	<p>Yes / No</p> <p>If yes, please specify name and relationship:</p>
<p>If you are in recovery from drug / alcohol use, please tell us about this (eg how long you have been free from illicit drug use, what support you have in place for your recovery etc).</p>	
<p>Are you accessing any services for support? <i>(e.g. mental health services, drug and alcohol services, probation etc)</i></p> <p>Yes / No</p> <p>If yes, please provide details:</p>	
<p>Keyworker supporting statement (if applicable):</p>	
<p>Keyworker contact details (if applicable):</p>	

Please tell us about the skills and experience you have which might be useful in the role of peer mentoring

Please use this space to give any further information you would like to include in support of your application including details of your interests and activities.

## References

Please name two referees for whom a reference may be obtained. Where possible this should be a professional person such as an ex-employer, key-worker, college tutor etc. They should have known you for 6 months or more.

### Reference 1:

Name:	
Position:	
Relationship to you:	
Organisation (please include address):	
Phone Number:	
Email:	
Can we contact them at this stage?	Yes / No

### Reference 2:

Name:	
Position:	
Relationship to you:	
Organisation (please include address):	
Phone Number:	
Email:	
Can we contact them at this stage?	Yes / No

## Declaration of convictions

As many clients at WDP are vulnerable adults we are exempt from the Rehabilitation of Offenders Act 1974. All convictions, whether spent or unspent, must be declared.

Have you ever been convicted of a criminal offence, received a formal caution, been bound over or received a conditional discharge? Yes / No

If yes, please give full details, continue on a separate sheet if necessary

Would you be willing to undergo a Disclosure and Barring Service (DBS) check? Yes / No

Please note that you will not be asked to work alone, with service-users, unsupervised, until DBS checks have been returned.

DBS forms are returned directly to the applicant – you must bring your DBS form to Volunteer Services, when you have received it, for copying.

For posts involving children and families, or where service-users are engaging in residential treatment, posts will not commence, until DBS checks have been returned and copies sent to Volunteer Services.

Declaration: To my knowledge the information above is correct. I understand that if I am appointed and this information is found to be inaccurate this may affect my continued employment with WDP.

Signature:

Date:

## Equal Opportunities Monitoring Form

### WDP's principle

We are committed to ensuring that every person associated with WDP will be treated with dignity and respect and given access to opportunity and support in a manner which demonstrates that we value difference and diversity. While we encourage you to complete this form please note it is not a compulsory section of the application form.

### Statement on equal opportunities

We are committed to ensuring that no person will be treated less favourably than another because of their age, gender, colour, race, diversity, disability, faith/belief, nationality, ethnicity, citizenship, physical appearance, health status, social position, employment status, family marital status, political belief, trade union membership, sexual orientation or non-relevant previous convictions.

WDP intends to demonstrate its commitment to this policy by applying procedures that challenge discrimination at all levels and by incorporating this commitment in all aspects of our organisation's work and practice.

### Confidentiality

This information will be treated in the strictest confidence and will be used for monitoring purposes only. Failure to provide this information will not prejudice your application.

<b>AGE</b>	
Date of Birth: _____	Rather not say <input type="checkbox"/>

<b>GENDER</b>	
Please state: _____	Rather not say <input type="checkbox"/>

<b>SEXUAL ORIENTATION (please tick)</b>			
Heterosexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>
Bi-sexual	<input type="checkbox"/>	Rather not say	<input type="checkbox"/>
		Lesbian	<input type="checkbox"/>

**RELIGION (please tick)**

Agnostic		Bahai		Buddhist	
Catholic		Christian		Hindu	
Jewish		Muslim		Rastafarian	
Sikh		None		Other	
Rather Not Say					

**ETHNIC ORIGIN (please tick)**

White		Black / Black British	
White: British		Black / Black British: Caribbean	
White: Irish		Black / Black British: African	
White: Other		Black / Black British: Other	
Asian / Asian British		Mixed	
Asian / Asian British: Indian		Mixed: White and Black Caribbean	
Asian / Asian British: Pakistani		Mixed: White and Black African	
Asian / Asian British: Bangladeshi		Mixed: White and Asian	
Asian / Asian British: Other		Mixed: Other	
Chinese		Not known	
Rather Not Say		Other (please state)	

**DISABILITY**

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on ones ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illnesses and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

Yes       No       Rather not say

**RECOVERY**

WDP is committed to eliminating discrimination and encouraging diversity amongst our workforce. Our aim is that our workforce will be truly representative of all sections of society and each employee feels respected and able to give of their best.

As part of this commitment we monitor and value direct and indirect experience with recovery. Please tell us which category applies most closely to you:

- Direct experience of recovery
- Indirect Experience of Recovery (relative/ friend, etc)
- No experience of recovery
- Rather not say

Signature:

Date: