**Project 100 peer mentor application form**

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| **All information given will be treated as strictly confidential****Please type in the boxes provided** |

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| **Personal Details** |
| First Names: |       | Surname: |       |
| Address: |       |
| Postcode: |       |
| Name of the clinic where you receive your HIV care: |
|       |
| Date of Birth: |       |
| Home tel. no: |       | Mobile no: |       |
| **Is it OK to leave a message on your answer phone?** | [ ]  Yes[ ]  No |
| Email: |       |
| Date of HIV diagnosis: |       |
| Can we share your information with your local project 100 partner? | [ ]  Yes[ ]  No |
| Do you have any contact with any local HIV support organisation? | [ ]  Yes[ ]  No |
| If Yes please name: |       |

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| **How/where did you hear about Project 100 peer mentoring?** |
|       |
| **When is the best day and time for you to volunteer?** |
|       |
| **Will you need to make childcare arrangements?** | [ ]  Yes[ ]  No |

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| **Please tell us your reasons for wanting to become a peer mentor?** |
|       |
| **Please tell us about any paid or voluntary experience that's relevant to the role of peer mentoring** |
|       |
| **Please tell us about any education or training that is relevant to the role of peer mentoring?** |
|       |

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| **Which languages do you speak/write?** |
|       |

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| **Please give the names, addresses of 2 people who may be contacted to provide references – this could be your volunteer manager or a trainer or tutor you’ve worked with, your consultant or someone else who could comment on your suitability for volunteering.** |
| **Person 1** |
| Name: |       |
| Position: |       |
| Company/organisation: |       |
| Email: |       |
| Telephone Number: |       |
| In what capacity do you know this person: |       |
| **Person 2** |
| Name: |       |
| Position: |       |
| Company/organisation: |       |
| Email: |       |
| Telephone Number: |       |
| In what capacity do you know this person: |       |

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| **Declaration** |
| **This role will involve working with vulnerable people. We will carry out a DBS (Disclosure and Barring Service, formerly Criminal Record Bureau check).****This will not exclude you from being a peer mentor** |

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| **I confirm that the information given in this form is true, complete and accurate** |
| **Name:** |       |
| **Date:** |       |

**Please return to:**

**project100@positivelyuk.org**

**Positively UK, 345 City Road, London, EC1V 1LR**

**Phone 020 7713 0444**