**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?** | |
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| **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?** |
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| **Please tell us about any paid or voluntary experience that's relevant to the role of peer mentoring** |
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| **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**](mailto:project100@positivelyuk.org)

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

**Phone 020 7713 0444**