**Volunteer Peer Support Group Facilitator Application Form**

Information provided will be used to assess your suitability for the role and contact you to arrange a meeting. All contact details are stored securely on our password protected CRM.

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| **Full Name**: |
| **Date of Birth**: *Please note, this role is for people aged 18-24 years old.* |
| **Address**: |
| **Postcode**: |
| **Telephone**: |
| **Email**: |

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| **In your own words, what has drawn you to this role? (100 words max)** |
| **What do you think Peer Support is about and what is your opinion on peer support? (100 words max)** |
| **Do you have any lived experience of mental health difficulties? (100 words max)** |
| **How do you feel about talking about your own mental health in the peer support groups? (100 words max)** |
| **How are you currently managing your own mental health? (100 words max)** |
| **Do you have any experience of working in or facilitating a group? (100 words max)** |

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| **If offered this role, when would you be able to start?** |
| **What is your current availability? Y / N**  |  |  |  |  | | --- | --- | --- | --- | |  | **Morning (9-11am)** | **Afternoon (12-5pm)** | **Evening (5-7pm)** | | **Monday** |  |  |  | | **Tuesday** |  |  |  | | **Wednesday** |  |  |  | | **Thursday** |  |  |  | | **Friday** |  |  |  | |

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| **Signed:** | **(type name)** | **Date:** |  |

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| Please return your application form to jack.gregson@manchestermind.org **PASSWORD PROTECTED**. Then, **text / WhatsApp the password to Jack** - 07708 474929. This will ensure your personal information is protected. |