**Volunteer Peer Support Group Facilitator Application Form**

Information provided will be used to assess your suitability for the role and to 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? Do you have any experiences of accessing mental health or support services? (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)** |
| **What is your experience of working in or facilitating a group? Do you have any other relevant experience in the mental health sector? (100 words max)** |
| **We are planning to expand the service and offer 1 to 1 support sessions alongside the groups. Is Peer Mentoring something you might be interested in? Why?** |

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| **If offered this role, when would you be able to start?** |
| **What is your current availability? Y / N** **Tuesday sessions** – 15.00 to 18.00 (In person)  **Thursday sessions** – 17.00 to 20.00 (online) |

Should you be successful, do you consent to be added to a WhatsApp group for volunteers? Yes  No

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

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| Please return your application form to cinzia.petrussa@manchestermind.org **PASSWORD PROTECTED**. Then, **text / WhatsApp the password to Cinzia** - 07592381114. This will ensure your personal information is protected. |