

Office Use only
APPLICANT NO:

Advocacy Services At Bristol Mind Volunteer Advocate Application Form

Before completing this application form, please read the Volunteer Person Specification carefully. Bristol Mind will shortlist for training based on the information in this application form only. If you do not have enough space to answer any of the questions, you may continue on a separate piece of paper.

First Name:

Last Name:

Address:

..... Post Code:

Telephone (day): (Evening):

(Mobile): E-mail:

References

Please give the names of two people who can provide us with a reference for you. They will be approached if / when you are offered a place on the Bristol Mind training course.

Name:

Name:

Address:

Address:

.....

.....

Postcode:

Postcode:

Tel no:

Tel no:

Relationship

Relationship

Support/Access Requirements

As part of our commitment to good practice around the work and role of Volunteers, and to implement equal opportunities on a day-to-day basis, Bristol Mind aims to meet the reasonable cost of Volunteer expenses including costs linked to the participation and involvement of disabled people; people with child care and/or carer responsibilities and any other barrier to participation in the role.

Please outline any equipment or support needs you may have that will enable you to participate as a Bristol Mind Volunteer.

.....
.....

Criminal Record Bureau Checks

Bristol Mind is committed to safeguard both their volunteers and their client groups. **Therefore all Volunteers will be subject to an enhanced CRB check.**

Do you have any criminal convictions, which you feel we need to know about?
YES / NO

Please declare all criminal convictions, which relate to the handling of finance, fraud, or thefts or crimes against persons.

.....
.....

1. Please tell us why you want to become an advocate.

(Continue on a separate sheet if necessary)

- 2. What relevant skills and experience do you feel you have to offer?**
(Include details of unpaid or paid work you have undertaken).

(Continue on a separate sheet if necessary)

- 3. Please tell us about any experience you have of equalities issues.**
This could be on a personal or professional basis.

(Continue on a separate sheet if necessary)

- 4. Please give examples of situations where you had to negotiate with or speak out against those in authority *and* explain how you think having an advocate may have helped you.**

(Continue on a separate sheet if necessary)

5. Please tell us about your experience of helping people who may be disempowered, vulnerable or distressed.

(Continue on a separate sheet if necessary)

7. If you are accepted as a volunteer advocate are you able to commit yourself to:

	YES	NO
a) A minimum of 1 years work	<input type="checkbox"/>	<input type="checkbox"/>
b) Monthly supervision & support sessions	<input type="checkbox"/>	<input type="checkbox"/>
c) Working within good practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>
d) On-going training	<input type="checkbox"/>	<input type="checkbox"/>
e) An average of 4 – 6 hours work per week	<input type="checkbox"/>	<input type="checkbox"/>

Please state how you found out about this volunteering opportunity:

The information given on this application is, to the best of my knowledge, accurate.

Signed:

Date.....

Please return this form to:

Claire Barnard
Outreach Advocacy Service
Bristol Mind
35 Old Market Street
Bristol
BS2 0EZ

Thank you for your time.

The course will run on 8 Wednesdays - April 21 to June 16 2010 - see list of dates enclosed.

Once you have attended an “Introductory Session”, please return your application form as soon as possible as places will be filled (pending informal interview) on a first come first served basis. Please phone 0117 9800 376 or email advocacy@bristolmind.org.uk for dates of Introductory Sessions.

Thank you

Bristol Mind



For better
mental health