

# CONFIDENTIAL APPLICATION FORM

## VOLUNTEER MENTOR or BEFRIENDER

Please complete this form accurately and in full PLEASE RETURN THIS FORM TO:

#### OSCAR BIRMINGHAM LTD, 22 REGENT PLACE, JEWELLERY QUARTER BIRMINGHAM B13NJ or

by e-mail to oscarmentoringproject@gmail.com

## 1. PERSONAL DETAILS

| Title:   | First Name: |  |
|--|-------------|--|
| Surname:   |             |  |
| Previous Surname:  |             |  |
| Address  |             |  |
|  |             |  |
| Home Telephone No  |             |  |
| Mobile Telephone No:   |             |  |
| Date of Birth:   | Gender:     |  |
| Email address:   |             |  |
| When would you be able to volunteer: (Please tick boxes below) |             |  |

|     | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----|--------|---------|-----------|----------|--------|----------|--------|
| AM  |        |         |           |          |        |          |        |
| PM  |        |         |           |          |        |          |        |
| EVE |        |         |           |          |        |          |        |

### 2. EXPERIENCE

This section is an opportunity for you to provide details about any experience, interests, hobbies, knowledge, skills, personal qualities and motivation which are relevant to the role of mentor/befriender as set out in the role description. Please also provide details of your education and employment status. *Please continue on separate sheet.* 

#### 3. **REFERENCES**

Please note that satisfactory references must be obtained beforehand prior to any mentoring or befriending relationship taking place.

| Please give details of two people who are able and wil of volunteer mentor/befriender. | lling to comment on your suitability to carry out the role |
|--|--|
| 1. Name and Role   | 2. Name and Role   |
| Address  | Address  |
| Telephone No   | Telephone No   |
| Relationship   | Relationship   |

#### 4. DECLARATION

In accordance with the Police Act 1997 and Safeguarding Vulnerable Groups Act 2006 the role you are applying for is subject to an 'enhanced criminal records check' based on disclosure and barring scheme.

OSCAR is also committed to safeguarding the welfare of our service users and expect all volunteers, staff, mentors and befrienders to share that commitment. Therefore you will be required to undertake a DBS check as part of this recruitment. You are also required by the Rehabilitation of Offenders Act 1974 to declare all criminal convictions including those spent. (Having a conviction will not necessarily prevent you from becoming a mentor or befriender.

Do you have any spent/unspent convictions? YES/NO

The personal information you provide on this application form will be used by OSCAR Birmingham Ltd for the recruitment, vetting and matching of mentors and mentees purpose only. Some of this information, such as health, ethnicity, disabilities and criminal convictions, is defined as 'sensitive' under Data Protection legislation and by submitting this application you are consenting to our processing this for the purposes listed above.

I certify that the information I have given on this form is true and accurate to the best of my knowledge. (Providing false information or deliberately omitting relevant information will result in your application being withdrawn)

Signature:\_\_\_\_\_Date:\_\_\_\_\_

Name:\_\_\_\_\_

If you consider that you have a disability, please give details below of any reasonable arrangements we may need to make that will enable you to carry out the role of mentor or befriender.

| <br> | <br> |
|------|------|
| <br> | <br> |

## EQUALITIES MONITORING FORM VOLUNTEER MENTOR & BEFRIENDER

| 1 | Do you consider yourself?   |
|---|---|
|   | WHITE   |
|   | British   |
|   | Irish   |
|   | Any Other   |
|   | MIXED   |
|   | White and Black Caribbean   |
|   | White and Black African   |
|   | White and Asian   |
|   | Any other mixed background  |
|   | ASIAN OR BRITISH ASIAN  |
|   | Indian  |
|   | Pakistani   |
|   | Bangladeshi   |
|   | Any other Asian background  |
|   | BLACK OR BLACK BRITISH  |
|   | Caribbean   |
|   | African   |
|   | Any other Black background  |
|   | CHINESE OR OTHER ETHNIC GROUP   |
|   | Chinese   |
|   | Any Other   |
|   |   |
|   | Do you consider yourself to have a disability? If yes please state your |
| 2 | disability.   |
|   | Yes   |
|   | No  |
|   |   |

| 3 | Are you? |
|---|----------|
|   | Male     |
|   | Female   |

| 4 | Age?     |
|---|----------|
|   | Under 20 |
|   | 20 - 30  |
|   | 30 - 40  |
|   | 40 - 50  |
|   | 50 - 60  |
|   | 60+      |
|   |          |