

Young Black Men’s (YBM) Peer Leadership Program

YBM Peer Leader Application Form

**Please complete this form in block capitals. Please feel free to use additional sheets, if necessary, and if you wish you may also attach a C.V.**

*The information given on this form will be kept confidential*

|  |  |
| --- | --- |
| **Name:**   |   |
| **Address:**  |   |
|   |
| **Postcode:** |   |
| **Telephone number:**   |    |
| **Email address:**  |    |

**Please say why you are interested in becoming a peer leader and what you wish to gain from the programme:**

..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**As a peer leader we would ask that all those involved have lived experience of mental health issues Please briefly explain how you have personally experienced mental health difficulties:**

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**what support you might need from us to enable you to participate in this programme** ***(this may include significant health problems that could affect your ability to participate in the programme. Please note this will not have a negative impact on your application, but help us to provide you with appropriate support)***

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 **Please describe in the space below your experiences, skills and qualities *(this may include experience from work, university, voluntary work or home)***

|  |
| --- |
| **Skills and qualities:**  |

|  |
| --- |
| **Experience:**  |

**Commitment to the programme**

|  |
| --- |
| We need a minimum commitment of 2 workshops a month, please state your availability in the box to show the days and times you could volunteer |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Mornings** |  |  |  |  |  |
| **Afternoons** |  |  |  |  |  |

**REFERENCES & CHECKS**

Apart of the programme we will be working with both Vulnerable adults and young people, we will require you to apply for an Enhanced Disclosure and Barring check that we can pay for.

Please provide details of two people, who are willing to act as referees, one should have known you for at least two years. One of the references should be from a previous employer, either paid/voluntary or from College/University.

**First Referee**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Daytime telephone |  |
| Occupation |  |
| How do they know you? |  |
| How long have they known you? |  |

**Second Referee**

|  |  |
| --- | --- |
| Name |   |
| Address |  |
| Email |  |
| Daytime telephone |  |
| Occupation |  |
| How do they know you? |  |
| How long have they known you? |  |

**Name: Signature: Date:**

Please return your completed application to: Edwin.Duah@mindchwf.org.uk