

**Long COVID Peer Facilitator Application Form**

**The Peer Partnership provides peer support to people living with Long COVID.**

Our volunteers are valued and respected for the time and effort they contribute towards maintaining and enhancing our services. As a volunteer in the Peer Support Service, you will have the chance to use your existing skills and hopefully gain some new ones.

**Becoming a Peer Support volunteer involves:**

* Completing the enclosed application form
* Providing **Two** references
* A short interview with the Peer Support Coordinator at The Peer Partnership
* Attend a short induction online with the Peer Support Coordinator

The training course runs over **4 sessions** **across 4 days** – and will be held online on Zoom. It will cover topics such as: expectations as a volunteer for The Peer Partnership, long COVID medical information, confidentiality and listening skills. The course is designed to make use of your own knowledge, skills and experience. It aims to prepare you for the tasks and any challenges you might encounter while you are volunteering.

Following the training course, you will attend an induction session, which will take place via Zoom and will take approx. 1.5 hours. During the induction, the Peer Support Coordinator will provide you with an overview of the organisation, explain important policies and procedures, and the peer support process in detail.

# **Once you become a volunteer**

Volunteers will receive reasonable out of pocket expenses including mileage allowance or bus fare when face-to-face meetings can happen. You will also receive ongoing supervision to support you in your role.

**IMPORTANT!**

**Please refer to these notes before completing the application form**

**1. Help with completing the form**

If you need help in completing the form for any reason at all, please contact The Peer Partnership at [info@peerpartnership.org](mailto:info@peerpartnership.org), or call on 01179555038. This will **not** go against you when you apply.

**2. What we look for in a volunteer**

*Please use this list to help you understand what will be looked for in your application form, as it is through this form that the selection for the interview will be made.*

1. An understanding of and commitment to the aims and objectives of the peer support service
2. A positive attitude to people living with long COVID
3. The ability to communicate with staff, other volunteers and clients
4. A non-judgmental approach to those who have different background to your own
5. Openness and willingness to address difficult issues
6. The ability to work as part of a team
7. Willingness to positively engage in your own supervision
8. Patience
9. Reliability

This list of qualities that Brigstowe looks for in a volunteer has been designed to help you understand what we need, and to help decisions to be made in line with equal opportunities. No formal qualifications are required, and training will be provided

All these requirements will be explored during the training course.

**3. The application process**

When you return your form, the Peer Support Coordinator will assess it. If your application meets our requirements, you will be invited to an interview. If we consider that you are suitable for the role you will be given a place on the volunteer training and sent details before the programme starts. Please note, being offered a place on the training does not guarantee you to be a peer support volunteer. The training programme will also be an opportunity to assess your suitability.

If you have any questions about the role or application process, please get in contact with:

**Hope Mayhew**

**Long COVID Peer Support Coordinator**

The **Peer** Partnership

Brigstowe

Easton Community Centre

Kilburn Street

Bristol

BS5 6AW

 0117 9555 038

 info@peerpartnership.org

**Peer Facilitator Volunteer Application**

Thank you for your interest in volunteering with The Peer Partnership. This form is an opportunity for you to give us some information about yourself. It forms part of our volunteer selection process. Please complete it as fully as you can, using the role description to help you. Please contact us if you need assistance in filling out this form.

**Personal Details:**

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Tel:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Is it ok to leave you a voicemail?** Yes  No

**Is it ok to text you?** Yes  No

1. **Why are you interested in becoming a volunteer with The Peer Partnership?**

Click or tap here to enter text.

1. **What skills, qualities and experience (paid or unpaid) can you offer the role of Peer facilitator? (please refer to the** [**Role Description**](https://peerpartnership.org/wp-content/uploads/2021/12/Peer-Facilitiator-Volunteer-Role-Desciption-Dec-2021.pdf)**)**

Click or tap here to enter text.

1. **The Peer Partnership works with people from a wide variety of backgrounds in terms of sexuality, ethnicity, employment etc. How do you feel about working with people who may have very different life experiences from your own?**

Click or tap here to enter text.

1. **Our peer support volunteers will be providing approximately 2 hours a week to provide facilitation services to people newly diagnosed with long COVID. What days and times of day do you feel you would be able to do this (please check any that apply)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **09:00-17:00** |  |  |  |  |  |  |  |
| **17:00-21:00** |  |  |  |  |  |  |  |

**Declaration and DBS checks**

Do you have any convictions, cautions, reprimands, or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 (as amended in 2013)?

This information is treated as **confidential**

Tick as appropriate **Yes  No**

Please use this space to give dates and information

Click or tap here to enter text.

Please note this role will involve working with vulnerable people and so we will carry out an enhanced DBS (Disclosure and Barring Service, formerly Criminal Record Bureau check) which will show up all convictions, including spent convictions.

Having a criminal record **will not** necessarily prevent you from volunteering at The Peer Partnership. We may need to discuss with you any convictions that do appear, but this will be done in a sensitive and constructive manner. If you would like to discuss this before completing the form, please contact us on **01179555038.**

**References**

Please give the names and addresses of two people who can comment on your suitability for volunteering with us. References **will be contacted before the interview** due to time restrictions**.**

Please note the references **cannot** be a **partner** or **family member.** They could be a volunteer manager, trainer, tutor, your consultant etc**.**

Please also note the references **need to know** your **long COVID status –** this is due to when we contact them, we will be mentioning The Peer Partnership and that it is a Peer Support role.

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Tel:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**How do you know this person:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Tel:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**How do you know this person:** Click or tap here to enter text.

Your contact details will be held on computer and this application form will be securely filed. All personal details held are secure and strictly confidential to Brigstowe. We will use the information for contacting you and for monitoring our volunteering base.

Please sign below to give your consent to us keeping this information on our records.

**Interview**

We can offer a choice of online or telephone interviews. Interviews will be around 45 minutes. Please answer the following questions to help us provide the most appropriate interview situation for you:

**Would you prefer to have a face-to-face\* or online interview?**

Online  face-to-face\*

**If you would prefer a face-to-face\* interview, do you have any specific accessibility needs to attend, for example wheelchair access:**

Click or tap here to enter text.

**\*Please note that face-to-face interviews may be affected by COVID restrictions and may need to be arranged for online interviews at short notice to follow government guidelines.**

**Signature**

**Applicant signature:** Please enter email if filling in electronically

**Date:** Click or tap to enter a date.

Please return to:

[info@peerpartnership.org](mailto:info@peerpartnership.org)

or

The Peer Partnership, Brigstowe, Easton Community Centre, Kilburn Street, Bristol, BS5 6AW

**Equal Opportunities**

Brigstowe aims to ensure that all applicants are treated fairly and are not discriminated against, either directly or indirectly, on grounds of ethnic origin, gender, disability, sexuality, age or religion. We will try to gather information from applicants to check that we are not discriminatory in who we shortlist and select. **The information provided will only be used for statistical purposes.**

Please return this form with your application. The form will not be looked at until after the recruitment process is finished and will have no bearing on your application for employment. If you prefer, please send separately to your application form.

**How did you find out about this post?**

Brigstowe website

DANS

Bristol Diabetes Support Network

GP

Word of Mouth

Social media (please state): Click or tap here to enter text.

Other (please state): Click or tap here to enter text.

**Demographics**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | | | | | | | | | | | | | | | | | | | |
| Female | Male | | Non-Binary | | | | | Prefer not to say | | | | Is this the gender you were assigned at birth? **Y/ N/Prefer Not to say** | | | | | | | |
| Ethnicity | | | | | | | | | | | | | | | | | | | |
| **Asian** | Bangladeshi | | | Indian | | | | | | Pakistani | | | | | | Any other Asian background | | | |
| **Black** | African  **(pls specify which country) ……………….....................** | | | | | | | Black/Black British | | | | | | | Caribbean | | | | |
| **Chinese** | Chinese | | | | | | | **Latin American** | | | | | | | Latin American | | | | |
| **White** | British | | | Irish | | | | | | | Gypsy/traveller | | | | | | | | Any other |
| **Mixed ethnic background** | Asian & White | | | Black African & White | | | | | | | Black Caribbean & white | | | | | | | | Mixed other |
| **Other** | Any other ethnic background | | | | | | | **Prefer not to say** | | | | | | | Prefer not to say | | | | |
| **Sexual Orientation** | | | | | | | | | | | | | | | | | | | |
| Asexual/non sexual | | Bisexual | | | | | Gay/lesbian | | | | | | Heterosexual | | | | Prefer not to say | | |
| **Religion** | | | | | | | | | | | | | | | | | | | |
| Buddhist | Christian | | | | Hindu | | | | Jewish | | | | | Muslim | | | | Sikh | |
| Other religion | | | | | No religion | | | | | | | | | Prefer not to say | | | | | |
| **Disability** | | | | | | | | | | | | | | | | | | | |
| Disabled | | | | | | Non-disabled | | | | | | | | | Prefer not to say | | | | |