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| **EXPRESSION OF INTEREST**  | Please complete in black ink or typescript as this form may be photocopied.  |
| **For the role of: Breakthrough Mentor**  |
| **PERSONAL DETAILS SECTION 1**  |
| **Surname:** | **Title:**  |
| **Forename(s):**  |
| **Address:** **Postcode:**  | **Home Telephone:** **Daytime Telephone:** **Mobile Number:** **E-mail address:** |
| **Date of Birth:**  | **National Insurance Number:**  |
| **RELEVANT QUALIFICATIONS/TRAINING COURSES SECTION 2**  |
| **Qualification / Course Title**  | **Duration of Course** **(if applicable)** | **Date Obtained** |
|  |  |  |
| **BACKGROUND INFORMATION SECTION 3**  |
| **Do you have any previous experience of Mentoring?** No  Yes  |
| **If Yes, please state the organisation that you were a mentor for and the activity you were involved in?**  |
| **What qualities and skills do you possess that would make you an effective mentor?**  |
| **We have a wide range of different needs amongst our mentees and as such we welcome as diverse a range of personalities within our team of mentors. This will allow us to find the best match for the mentee. Please describe your personality below (tick more than one box if required):** Quiet  Shy  Friendly Sensitive  Outgoing Talkative  Happy  Confident  Adventurous  Inquisitive  Excitable  Nurturing  |
| **Please list any activities that you have a particular interest or experience in.**  |
| **Please list any activities you would definitely not want to be involved in (e.g. if you don’t like heights, or can’t swim etc):**  |
| **Please provide additional information which you consider relevant to your application. Include details of relevant professional and/or personal experience and your reasons for applying to the project. You may continue on an additional sheet if necessary.**

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| Do you have any **persona**l experience of: We have young people with different needs and backgrounds and circumstances – this is for the purposes of matching only. They are very personal categories, so if you feel you do not want to answer please put a line through this section.  |
| LGBTQ | Disabled | Been in care | Being a carer | Mental health issues | Special needs  | Dealt with trauma.  |

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| **On which days and when are you available to mentor?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON**  | **TUE** | **WED** | **THUR** | **FRI** | **SAT** | **SUN** |
| **MORNING** |  |  |  |  |  |  |  |
| **AFTERNOON** |  |  |  |  |  |  |  |
| **EVENING** |  |  |  |  |  |  |  |

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| **SUPPLEMENTARY INFORMATION SECTION 4**  |
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| **Disclosure Check** **This post is exempt from the Rehabilitation of Offenders Act 1974. Successful applicants will be required to authorise a Disclosure from the Criminal Records Bureau before being appointed. The information received will be treated in the strictest confidence.** |
| **Do you hold a current full driver’s licence?**  |
| **Do you have regular use of a vehicle?**  |
| **NAME AND ADDRESS OF TWO REFEREES SECTION 5** 1. Current, or previous, employer (where possible) 2. Personal |
| **1.** **Name:** **Address:** **Post Code:** **Telephone Number:** **Email:** | **2.** **Name:** **Address:** **Post Code:** **Telephone Number:** **Email:** |
| **Capacity in which known to you:** | **Capacity in which known to you:** |
| **DECLARATION SECTION 6**  |
| I declare that to the best of my knowledge the information on this form is true. I understand that if the information I have supplied is false or misleading, it may affect my employment. Signature \_\_\_\_\_\_\_\_\_ Date:  |
| THIS FORM SHOULD BE RETURNED TO: Julia NibloeYouth MovesThe ParkDaventry Road KnowleBristol BS4 1DQOr emailed to: julia.nibloe@youthmoves.org.uk |