



Young Carers' Project



## Young Carer Mentor – Application Form

Thank you for your interest in our mentoring project, The information that you provide on this form will be handled and stored in accordance with current Data Protection legislation.

### Personal Information

<b>Title (Mr/Mrs/Miss/Ms/Other)</b>	
<b>Name</b>	
<b>Home Address</b>	
<b>Post Code</b>	
<b>Contact Phone No</b>	
<b>Email Address</b>	
<b>Date of Birth</b>	
<b>Emergency Contact (name &amp; number)</b>	
<b>How did you hear about our mentoring project?</b>	
<b>What times during the day can we contact you?</b>	

## Your experience

Please give brief details of your work/life experience:

Do you have any previous volunteering experience? If yes please give brief details

Is there anything you wish to disclose that would help us to support you in your volunteering, such as a health problem or disability?

## Availability

Please tick	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
<b>Morning</b>							
<b>Afternoon (after 3.30pm)</b>							
<b>Evening</b>							
<b>Details:</b>							

The commitment to mentoring is 2 hours a fortnight for 6-12 months, times are negotiable – would this be manageable for you? YES / NO

Do you have any work/personal commitments which may restrict your availability?

YES / NO

## Your motivation

**Why are you interested in mentoring a young carer?**

**What skills do you feel you have to offer as a mentor?**

**What challenges do you think you may encounter through mentoring?**

**What would you like to get out of your volunteering experience?**

## References

Please can you give the names and addresses of 2 people (not relatives), who would be willing to act as referees. One must be a current or recent employer, school, college or university teacher. The other can be someone who has known you in a personal capacity for at least two years

### Referee 1

Name	
Address	
Post Code	
Occupation	
Contact No	
Email Address	
How long have you known the person?	
In what capacity do you know this person?	

### Referee 2

Name	
Address	
Post Code	
Occupation	
Contact No	
Email Address	
How long have you known the person?	
In what capacity do you know this person?	

## Disclosure and Barring Check (DBS)

Due to the nature of this role, an Enhanced Disclosure with a check on the barred list is required.

**Are you willing to undergo such a check? YES / NO**

We recognise the contribution that ex-offenders can make as volunteers and welcome applications from them. A person's criminal record will not, in itself, debar that person from being appointed to this post. Any information given will be treated in the strictest confidence. Suitable applicants will not be refused posts because of offences which are not relevant to, and do not place them at or make them a risk in, the role for which they are applying.

### **The Rehabilitation of Offenders Act (ROA) 1974 (Exceptions) Order 1975 (Amended 2013)**

**Please note:**

The post you are applying for is 'exempt' from the Rehabilitation of Offenders Act 1974 and therefore, you are required to declare any convictions, cautions, reprimands and final warnings that are not 'protected' (i.e. filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

The amendments to the Exceptions Order provide that certain 'spent' convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.

Further information on filtering can be found on both the Disclosure and Barring Service [website](#) and Nacro [website](#).

**Do you have any cautions, convictions, reprimands or final warnings which are not 'protected' by the RAO 1974 (Exceptions) Order 1975 (Amended 2013)**

**YES**  **NO**

If you have answered yes, you now have two options on how to disclose your criminal record.

**Option 1:** Please provide details of your criminal record in the space below.

**Option 2:** You can disclose your record on a separate piece of paper in an envelope marked Confidential. Please include your name and state that you are applying to be a Mentor.

I have attached details of my conviction separately

## Data Protection

Kingston Carers' Network keeps a confidential database for administrative purposes. No personal information relating to this recruitment is divulged except to third parties such as referees. It will be held as long as you volunteer and for 5 years after leaving.

Will you allow your details to be held by KCN this way?

YES  NO

## Keeping in Touch

Once you begin volunteering, we would like to keep in touch with you. Please tick those which you would be happy to receive. You can opt out at any time.

- Quarterly email bulletin with KCN news, events and training opportunities
- Invitations to our volunteer appreciation events via email
- Occasional emails about volunteering opportunities
- SMS reminders about events and appointments
- A 'Happy Birthday' email on your birthday

## Declaration

I certify that the information that I have given is true & correct to the best of my knowledge & belief and understand that giving false or misleading statements or withholding information may result in the withdrawal of your volunteer role.

**Signature**

**Date**

Please email the form to: [mentoring@kingstoncarers.org.uk](mailto:mentoring@kingstoncarers.org.uk) or post to: Jess Burrows, Mentor Coordinator, Kingston Carers Network, 418 Ewell Road, Tolworth, KT6 7HF

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