



Young Carer Mentor – Application Form

Thank you for your interest in our mentoring project, to get the process started we would like to find out more about you.

The information that you provide on this form will be handled and stored in accordance with current Data Protection legislation.

Personal Information

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

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
Morning							
Afternoon							
Evening							
Details:							

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?

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

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

The Rehabilitation of offenders Act 1974 (Exceptions) Order 1975 (Exceptions)(Amendment) Order 1986

Due to the nature of the volunteering this role is exempt under the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, even those which are spent.

Have you have been convicted of any criminal offences, cautions or charges pending?

YES **NO**

If yes, please provide details in a separate sealed envelope. **Please note that convictions for offences do not necessarily debar an applicant from a volunteer position.**

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
- SMS reminders about events and appointments
- A 'Happy Birthday' email on your birthday
- Occasional emails about volunteering opportunities

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 form to: mentoring@kingstoncarers.org.uk or post to: Mentor Coordinator, Kingston Carers Network, 418 Ewell Road, Tolworth, KT6 7HF