**BEFRIENDER APPLICATION FORM**

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| First Name: Family Name:Address:Telephone number:Email address: |

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| Date of Birth (dd/mm/yyyy): Are you a UK passport holder? Yes [ ] No [ ]If no are there any restrictions on your visa – if so please give details – we will require site of non UK passport with regard to checking any restrictions.**Do you have an ELFT specific DBS valid within the past 3 years?**Yes [ ] No [ ] |

Please give details of your next of kin.

Contact Name:

Phone Number:

Relationship to you:

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| Are you currently a Service User with East London NHS Foundation Trust or have been discharged from services within 12 months?Yes [ ] No [ ]Please tell us why you are interested in Befriending with East London NHS Foundation Trust and what you hope to gain from your time in the role?

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To help us match you with an appropriate befriender, please **tick the boxes** for the hobbies and interests you enjoy and would be happy to talk about. **THIS SECTION WILL HAVE NO BARING ON YOUR APPLICATION**

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| --- | --- |
| Animals (pets, care, grooming) |  |
| Travel (holidays, tourism, seeing the world) |  |
| Sports (e.g. Football, Cricket, Gym) |  |
| Creative skills, e.g. Art, Sewing, Knitting etc. |  |
| Film and TV |  |
| Gardening |  |
| Computers (e.g. building, software, internet) |  |
| Computer Games (e.g. consoles, PC gaming, online gaming) |  |
| Board Games |  |
| Cooking and baking |  |
| Cars, motorbikes and driving |  |
| Hair and beauty |  |
| Antiques or home furnishing |  |
| Reading |  |
| Music (listing or creating) |  |
| Writing (e.g. poetry, short stories, memoirs) |  |
| Outdoor pursuits (e.g. walking, running, bird watching) |  |
| News and currents affairs  |  |
| Social media |  |

Other Interests- Please state:Are you fluent in other languages – Please state:Please indicate if you are a ELFT service user with People Participation Yes [ ] No [ ]If yes, please give the name of your PPL:Have you been in employment previously? Yes [ ] No [ ]If Yes, please give brief details: |

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| Please indicate roughly what times you are available below:

|  |  |  |
| --- | --- | --- |
| Monday | Am [ ] | Pm [ ] |
| Tuesday | Am [ ] | Pm [ ] |
| Wednesday | Am [ ] | Pm [ ] |
| Thursday | Am [ ] | Pm [ ] |
| Friday | Am [ ] | Pm [ ] |
| Saturday | Am [ ] | Pm [ ] |
| Sunday | Am [ ] | Pm [ ] |

For safeguarding reasons, we are required to undertake a DBS check for Befrienders who are in contact with Service Users. Having a criminal conviction does not necessarily prevent you from Befriending. Can you advise us as to whether you have an unspent criminal conviction, caution or reprimand?Yes [ ] No [ ]If Yes - please give details:We are required to undertake one reference for this role. Referee Name: Telephone Number: Email Address: Relationship to you:  |
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**EQUAL OPPORTUNITIES MONITORING FORM FOR VOLUNTEERS**

The information provided on this form is for statistical purposes only and enables us to ensure that our Befriending programme is reaching all parts of our diverse community.

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| **How did you hear about us?**

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| --- | --- | --- | --- |
| Website  | NHS Staff  | Trust membership  | Other (Please state)  |

**Gender**

|  |  |  |
| --- | --- | --- |
| Male | Female | Transgender |

**Ethnic Origin**

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Any Other Black Background | …….. |
| White Irish |  | Indian |  |
| Any Other White Background |  | Bangladeshi |  |
| White and Black Caribbean |  | Pakistani |  |
| White and Black African |  | Any Other Asian Background |  |
| White and Asian |  | Chinese |  |
| Any Other Mixed Background |  | Middle Eastern/Arab |  |
| Black British |  | Kurdish |  |
| Black African |  | Any Other Ethnic GroupPlease state |  |
| Black Caribbean |  | Prefer Not to State |  |

**Age and Employment Status**

|  |  |  |  |
| --- | --- | --- | --- |
| 18-25 years |  | Student |  |
| 26-35 years |  | Unemployed |  |
| 36-45 years |  | Employed |  |
| 46-55 years |  | Retired |  |
| 56 years and above |  | Other – please state |  |

**Do You Consider Yourself to have a Disability?** **(This includes current or past mental health issues)**

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer Not to State |

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**PLEASE SEND COMPLETED FORM TO** elft.befriendingservice@nhs.net

**If you have not heard within 4 weeks of the closing date, your application has been unsuccessful.**