**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?   |  | | --- | |  |   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**   |  |  | | --- | --- | | 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?**   |  |  |  |  | | --- | --- | --- | --- | | 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 Group  Please 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](mailto:elft.befriendingservice@nhs.net)

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