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Website: [www.linknetmentoring.com](http://www.linknetmentoring.com)

**Befriender Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forenames** **(Capital Letters)** | |  | | | | | | | | | | |
| **Surname**  **(Capital Letters)** | |  | | | | | | | | | | |
| **Date of Birth** | |  |  |  | Please give figures,  e.g: 14. 06. 79 | | | | | **Sex** (M/F) | |  |
| **Contact Address**  **(Including postcode)** | |  | | | | | | | | | | |
| **Home Tel No** | |  | | | | **Work Tel No** | | |  | | | |
| **Mobile No** | |  | | | | | | | | | | |
| **Email** | |  | | | | | | | | | | |
| **Next of Kin/ Emergency contact** | | **Name:**  **Home Tel No. Work Tel No:**  **Mobile** | | | | | | | | | | |
| **Languages spoken** (other than English) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Education / Professional Qualifications**  (Highest qualification attained) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Social Activities / Interests** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Criminal Conviction Disclosure** | | | | | | | | | | | | |
| **Please print your name where applicable to you:**  1. I………… …………………declare that I have no criminal record. 2. I………… ….................... declare that the details below are full   representation of my criminal record.  ……………………………………………………………………………………………..  ……………………………………………………………………………………………..  …………………………………………………………………………………………….. | | | | | | | | | | | | |
| **Are there any issues you would like us to consider when pairing you with a befriendee,** (e.g. age, disability) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Why do you want to become a befriender?** (Please give tick and give details) | | | | | | | | | | | | |
| * Would like to give something back to the community * Would enjoy it * Want to help progress my career * Want to add to my social circle/meet new people * Have spare time * Want to change job/career and feel that mentoring would help my CV * Others: | | | | | | | | | | | | |
| **Please indicate below the times during the week you are available to meet a befriendee for befriending** | | | | | | | | | | | | |
|  | **MORNING** | | | | | | | **AFTERNOON** | | | **EVENING** | |
| **MONDAY** |  | | | | | | |  | | |  | |
| **TUESDAY** |  | | | | | | |  | | |  | |
| **WEDNESDAY** |  | | | | | | |  | | |  | |
| **THURSDAY** |  | | | | | | |  | | |  | |
| **FRIDAY** |  | | | | | | |  | | |  | |
| **SATURDAY** |  | | | | | | |  | | |  | |
| **SUNDAY** |  | | | | | | |  | | |  | |
| **Referee** | | | | | | | | | | | | |
| Please give the name of a person who can give you a reference. This should be someone who knows you in a professional capacity and must not be a family member. (Please use capital letters)  Name: ...................................................................................  Position: ..................................................................................  Address: ..................................................................................  ...................................................................................  ...................................................................................  Telephone: ..................................................................................  Email: ................................................................................... | | | | | | | | | | | | |
| Any Other: | | | | | | |  | | | | | |
| **Declaration** | | | | | | | | | | | | |
| By signing the declaration, you agree to meet with a befriendee 2-3 hours per week. You also agree to befriend him/her for a minimum of 3-6 months.  I understand that my information and personal details will be kept safe and confidential. Only LINKnet staff who are involved in the services I am participating in will be able to access this information. I agree that LINKnet can send any information regarding its services to me by email, letter and text (GDPR, 2018).  (Type name if completing this form electronically)  Signature: Date: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
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**Send your completed application**

**To the Director**

LINKnet Mentoring Ltd

31 Guthrie Street

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