

31 Guthrie Street

Edinburgh EH1 1JG

Phone: 0131 261 4463

Email: volunteers@linknetmentoring.com

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:  |
|  |
|  |

**Send your completed application**

 **To the Director**

LINKnet Mentoring Ltd

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