

31 Guthrie Street

Edinburgh EH1 1JG

Phone: 0131 261 4463

Email: [volunteers@linknetmentoring.com](mailto:volunteers@linknetmentoring.com)

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

**Befriendee Application**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | | |
| **Resident status (Please circle)**: British Citizen, EU citizen, permanent resident, work visa, student visa, refugee, asylumseeker | | | | | | | | | | | | | | |
| **National ID number:** | | | | | | | | | | | | | | |
| **Education / Professional Qualifications**  (Highest qualification attained) | | | | | | | | | | | | | | |
| **(Optional)** | | | | | | | | | | | | | | |
| **Employment History** (Paid /unpaid and starting from most recent) (Optional) | | | | | | | | | | | | | | |
| **Date** | **Employers** | | | | | **Job Title** | | | | **Very brief description of duties** | | | | |
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| **Social activities and interests** | | | | | | | | | | | | | | |
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| **Your Needs** | | | | | | | | | | | | | | |
| **Please circle one or more:**  Isolation, loneliness, Language improvement, need to learn the city, need to  learn how to live or any other help (please specify): | | | | | | | | | | | | | | |
| **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 a full   representation of my criminal record.  ……………………………………………………………………………………………..  ……………………………………………………………………………………………..  …………………………………………………………………………………………….. | | | | | | | | | | | | | | |
| **Please indicate below the times during the week you are available to meet a befriender for befriending** | | | | | | | | | | | | | | |
|  | | **MORNING** | | | | | | | **AFTERNOON** | | | | **EVENING** | |
| **MONDAY** | |  | | | | | | |  | | | |  | |
| **TUESDAY** | |  | | | | | | |  | | | |  | |
| **WEDNESDAY** | |  | | | | | | |  | | | |  | |
| **THURSDAY** | |  | | | | | | |  | | | |  | |
| **FRIDAY** | |  | | | | | | |  | | | |  | |
| **SATURDAY** | |  | | | | | | |  | | | |  | |
| **SUNDAY** | |  | | | | | | |  | | | |  | |
| **Are there any issues you would like us to consider when pairing you with a befriender**, (e.g. Gender, age, disability) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Confirmation** | | | | | | | | | | | | | | |
| I am aware that the information that I have provided is open to LINKnet staff and they may disclose some information if requested by the funding agencies on the need-to-know basis.  I agree for my testimonial to be used for promotional purposes.  I understand that my information and personal details will be kept safe and confidential. Only LINKnet staffs 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 and documents below:**

* **Copy of your passport.**

**To the Director**

LINKnet Mentoring Ltd

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