

31 Guthrie Street

Edinburgh EH1 1JG

Phone: 0131 261 4463

Email: volunteers@linknetmentoring.com

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

**Befriendee 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:** |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Social activities and interests** |
|  |  |
| **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

31 Guthrie Street

Edinburgh EH1 1JG

volunteers@linknetmentoring.com