

**CONFIDENTIAL**  
**Application Form**  
**NCFE Level 2 Award Mentoring (Peer Support) 2020**



This qualification allows learners to gain a deeper understanding of the role of a Mentor and develop the skills and competencies needed to become an effective Peer Mentor, focusing particularly on supporting peers who experience mental health challenges. The course will run over approximately 10 weeks (1 day a week) and asks learner to complete assessments/role play/presentations in order to achieve accreditation.

**Personal and Contact Details**

<b>Name</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Telephone</b>	Home:  Can we leave a message? Yes / No	Mobile:  Can we leave a message? Yes/No
<b>Email address</b>		
<b>Date of Birth</b>		
<b>Preferred method of contact (please tick)</b>	Letter <input type="checkbox"/> email <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/>	
<b>Emergency Contact</b>	Name:  Number:  What is their relationship to you?	

### Application Details

**How did you hear about the course?**

**Please state your preferred course location.**

Bexhill          Hastings          Lewes  
Eastbourne      Newhaven      Hailsham      Other (please state)

**Please provide details of any educational courses you have attended or qualifications you have achieved over the past 5 years.**

**The course asks you to complete assessments/coursework independently on a weekly basis and to meet deadlines.**

**Outline how you would manage this and also, what support you might need.**

**Are there any barriers which could affect your attendance/motivation?  
How could we support you to overcome these?**

**Pre-course assessment/Personal Statement**  
Please explain in as much detail as possible:

**What has inspired you to apply for this course?**

**Do you have any lived experience of mental health challenges (either personally or within your family?)**

**The course requires 100% attendance, how you will keep yourself motivated and maintain deadlines/attendance?**

**What skills/knowledge are you hoping to learn/develop?**

**What would you like to do with the qualification once achieved?**

**CONFIDENTIAL**  
**Application Form**  
**NCFE Level 2 Award Mentoring (Peer Support) 2020**



Southdown Housing Association has an Equal Opportunities Policy. It wants to ensure that no one is treated less favourably than anyone else because of his or her ethnic origin, sex, sexual orientation, religion or disability. In order that the implementation of the policy can be assessed, please complete the information below.

This information will be treated in the strictest confidence and will be used for monitoring purposes only

**Please tick appropriate boxes:**

**Date:** \_\_\_\_\_

1. **Are you**  Female  Male  Intersex

Do not wish to disclose

2. **Do you consider yourself to be transgender:**  Yes  No  Do not wish to disclose

3. **Your age:** \_\_\_\_\_ (optional)

4. **How would you describe your ethnic origin?** (Tick one only)

White  British  Irish  Other

Mixed  White & Black Caribbean  White & Black African

White & Asian  Other (please state)

Asian or Asian British  Indian  Pakistani  Bangladeshi  Other

Black or Black British  Caribbean  African  Other

Chinese or other Ethnic group  Chinese  Other

Gypsy/Romany  Irish Traveller  Do not wish to disclose

5. **Sexual Orientation:**  Heterosexual  Gay/Lesbian  Bi-sexual

Unsure  Do not wish to disclose

6. Do you consider yourself to have a disability?  Yes  No

7. **How would you describe your religion?** (Tick one only)

Buddhist  Christian  Jewish  Muslim  Hindu

Sikh  Other Religion  Do not wish to disclose  None  Don't know

8. **Are you a Carer?**

Yes  No

## Data Processing Statement

Any personal information you share with Southdown will be kept secure and used in line with the General Data Protection Regulation (GDPR). It will only be looked at and used to help make sure we give you an effective service.

Some information may be shared with other support agencies to help you access further services and make sure the services you get are right for you. We can share your information without your permission if we are concerned about your safety or the safety of others, or where we are required to by law.

You can withdraw or change your agreement for Southdown to hold or process your personal information at any time. You can also ask to see the information Southdown holds about you. More information about how Southdown stores and uses your data is available on our website [www.Southdown.org](http://www.Southdown.org), or we can send you a leaflet if you would prefer.

**Please sign below to confirm that you understand how Southdown will use and process your information as outlined above**

**Signature** \_\_\_\_\_ **Date** \_\_ / \_\_ / \_\_

Please return the completed form to: [michelle.trunchion@southdown.org](mailto:michelle.trunchion@southdown.org)