

CONFIDENTIAL
Application Form
OCN Level 2 Award Peer Mentoring



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 (2 days a week) and asks learner to complete assessments/role play/presentations in order to achieve accreditation.

Personal and Contact Details

| | | |
|--|--|---|
| Name | | |
| Address | | |
| Postcode | | |
| Telephone | Home: Can we leave a message? Yes <input type="checkbox"/> / No <input type="checkbox"/> | Mobile: Can we leave a message? Yes <input type="checkbox"/> /No <input type="checkbox"/> |
| Email address | | |
| Date of Birth | | |
| Preferred method of contact (please tick) | Letter <input type="checkbox"/> email <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> | |
| Emergency Contact <i>(We will only make contact if we have concerns about your wellbeing, safety or welfare)</i> | 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)

Due to the current COVID19 pandemic the course will be delivered on-line using a virtual platform. Do you have access to a laptop/tablet?

Yes /No

Are you confident using virtual platforms e.g. Zoom, Teams etc

Yes /No

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?

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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 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

Please completed the referral form by reading the information on this next page and signing.

Financial Information:

Southdown staff are only able to provide general information and support in relation to welfare bene and financial budgeting, Staff are not welfare benefits specialists nor financial advisors and do not accept any responsibility for the outcome of any decisions clients make based on support or information provided.

Where staff assist clients to complete any forms or claims, the client is responsible for the accuracy information provided. Any outcomes made by the Department of Work and Pensions are not Southdown's responsibility.

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. This may include sharing the information across different Southdown services (please ask if you would like more information about the Southdown services we may share your information with) where this is necessary to ensure we give you the best possible support.

If you are a Southdown tenant in a property owned by another landlord, we may also share your information with that landlord where it is required to facilitate a change of responsibilities from Southdown to them.

We may share the information with other support agencies if this would help you access other services or if we are concerned about you or someone else.

We understand that you may not want certain information about you shared with some people. This can make it difficult for us to give you all the support you need, so if you do not want information about you shared with another service or person, your worker will talk to you about how this might affect you.

We can share your information even if you have asked us not to if we are concerned about your safety or the safety of others, or where we are required to by law. We will try to discuss this with you before we share your information.

Remember you can discuss, withdraw, change or review your consent for Southdown to process your personal information at any time. You can also ask us to delete any information we hold about you. This will also be reviewed at your regular support plan review sessions with your support worker. If there are legal reasons why Southdown needs to retain your information we will talk to you about this to ensure that you are making informed decisions about how this might affect you. You can also ask to see the information Southdown holds about you.

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If you are unhappy with the way Southdown uses your information please speak to us and we will do everything possible to address your concerns. If you are still unhappy you have the right to make a complaint to the Information Commissioner's Office (ICO). More information about this is available on the ICO website at <https://ico.org.uk/for-the-public/>

More information about how Southdown stores and uses your data is available as a leaflet or on our website www.southdown.org

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

Name:
Date:

Signature:

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

Signature _____ **Date** __ / __ / __

If you are completing this form electronically please tick here :

Please return the completed form to: PeerServiceESussex@southdown.org