

Mentor application form

Name:	Personal phone number:
Number for SOHK to contact you:	Email:
Home address:	Work address:
Do you have a valid DBS check? Yes / No (highlight or delete as appropriate)	
How did you hear about becoming a SOHK Mentor? 	
Why do you want to be a School of Hard Knocks mentor? 	
What relevant experience can you bring to the role? 	
Have you had any previous mentor training (please give details)? 	
What support would you like before starting a mentoring relationship? 	

REFERENCES AND DECLARATION

Please give details of a person who will be able to offer a reference about your ability to act as volunteer in this role. They cannot be related to you and must have known you for at least two years. References supplied will be held in the paper file only in accordance with the Data Protection Act 1998.

Name:
Contact Address:
Phone Number:
Email:
Relationship:

CRIMINAL RECORDS

For all volunteering positions we require you to complete the following self declaration questions. For some roles we also require an application to the Disclosure and Barring Service (DBS). Having a criminal record however will not necessarily bar you from volunteering but this will depend on the nature of the opportunity sought, and the circumstances and background of the offence. If you do not consent to these checks being carried out, or if consent is withheld, we will be unable to proceed with your application.

Do you have any unspent criminal convictions?	Yes / No
Are you prepared to complete a DBS application if needed?	Yes / No
Has any Social Service Department or Police Service ever conducted an enquiry or investigation about any allegations or concerns that you may pose an actual or potential risk to children, young or vulnerable people?	Yes / No
Have you ever been convicted of any offence relating to children, young or vulnerable people?	Yes / No
Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards a child, young or vulnerable person?	Yes / No
Are there any other matters which may inhibit or otherwise affect your ability to work with children, young people or vulnerable adults?	Yes / No

If Yes to any of the above, please provide details below:

DECLARATION

I confirm that I understand that any action which places a young adult at risk, or that could lead to placing myself or School of Hard Knocks in a potentially compromising situation, such as meeting a mentee alone at their home, or making, or responding to inappropriate contact could lead to the immediate termination of my mentoring.

I confirm that the above information given by me is correct and complete to the best of my knowledge. I consent to my personal data being processed and kept for the purpose described above in accordance with the Data Protection Act 1998.

– I understand that School of Hard Knocks may send me information about the activities and updates of the School of Hard Knocks Charity,

– To opt out of all mailings please tick this box

– To receive only quarterly mailings please tick this box

– I understand that this information may be kept for as long as required for this purpose.

– I understand my right to request to see all the information held about me by School of Hard Knocks.

In signing this form I give my consent for the information to be used as above.

Signed:

Date: