Mentoring Placement Application

Personal & Contact Information		
Full Name _____ Date of birth _____	Phone number _____ Email _____	Address _____ _____ _____
Next of Kin Name/s _____ _____	Relationship/s _____ _____	Contact Number/s _____ _____
Education & Training		
	Training institution _____	Course _____
Start Date _____ End Date _____	Level of qualification _____ Accrediting body _____	Tutor's Name & Email _____ _____
	Training institution _____	Course _____
Start Date _____ End Date _____	Level of qualification _____ Accrediting body _____	Tutor's Name & Email _____ _____

Mentoring Experience

List your most relevant employment &/or mentoring experience starting with the most recent covering period.

A: Employment _____ Start Date _____ End Date _____ Any Breaks? _____	A: Employment Address _____ Website _____ Email _____ Phone _____	A: Managers Name _____ Email _____ Phone _____ *A reference letter and contact information are required for all successful applicants.*
B: Employment _____ Start Date _____ End Date _____ Any Breaks? _____	B: Employment Address _____ Website _____ Email _____ Phone _____	B: Managers Name _____ Email _____ Phone _____ *A reference letter and contact information are required for all successful applicants.*
C: Employment _____ Start Date _____ End Date _____ Any Breaks? _____	C: Employment Address _____ Website _____ Email _____ Phone _____	C: Managers Name _____ Email _____ Phone _____ *A reference letter and contact information are required for all successful applicants.*

General Questions	
1. What motivated you to become a mentor (teaching and/or counselling), and how does this align with Calm Growth?	
2. What specific area of your mentoring practice do you wish to develop, and what steps are you taking to achieve this?	
3. What self-care activities do you engage in regularly to maintain your resilience and prevent burnout?	
4. Describe a time you became aware of a personal bias or assumption regarding race, culture, disability, or sexual orientation?	
5. Calm Growth focuses on underserved communities. How do you align with this social justice mission?	
6. Imagine a team that has big ideas but is struggling to meet deadlines and organise tasks. Which role would you naturally take on in this scenario, and why?	

References & Safeguarding

1. Do you have a current DBS check? Please provide your update service reference number and/or DBS certificate number.	_____ _____
2. Do you have a Professional Indemnity Insurance? Please provide your insurance certificate number and/or name of your insurer.	_____ _____ _____
3. Please provide your current professional membership number for verification (e.g., BACP or equivalent, QTS or equivalent).	_____ _____ _____
4. Please specify any disability or learning need requiring reasonable adjustments during the application process. If yes *please specify the adjustments you require*.	[ ] Yes [ ] No [ ] Prefer not to say _____ _____ _____
Reference Two Full Name _____	Position _____ Email _____ Phone _____
Reference Three Full Name _____	Position _____ Email _____ Phone _____

"I confirm that the information provided is true to the best of my knowledge. I understand that inaccurate details may affect my suitability for this volunteer role"

Your Signature: _____ Date: _____