Mentoring Coordinator Application

Personal Information		
Full Name _____ Date of birth _____	Phone number _____ Email _____	Address _____ _____ _____
Next of Kin Name/s _____ _____	Relationship/s _____ _____	Contact Number/s _____ _____
Professional Mentoring Experience		
Start Date _____	Mentoring Training institution/s _____	End Date _____
Professional Membership/s _____ _____	Mentoring Qualification/s _____ _____ _____	Tutor's Name & Email _____ _____
	Most Recent Mentoring Position _____	Organisation Website _____
Start Date _____ End Date _____	Key responsibilities _____ _____ _____	Line Manager/s Name, Email and Telephone. _____ _____ _____

Professional Experience

List your most relevant employment &/or relevant 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 Mentoring Coordinator Questions	
1. What motivated you to become a mentor coordinator and how does this align with Calm Growth?	_____ _____ _____
2. Describe any instance where you led a team, even if it was a group of fellow students or research assistants.	_____ _____ _____
3. What experience do I have identifying, recruiting, or training individuals to perform a specific role?"	_____ _____ _____
4. Describe how you have demonstrated the ability to manage complex schedules and logistical details?	_____ _____ _____
5. Calm Growth focuses on underserved communities. How do you align with this social justice mission?	_____ _____ _____
6. How have you mediated conflicts or supported individuals through challenges?	_____ _____ _____ _____

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 One Full Name _____	Position _____ Email _____ Phone _____
Reference Two 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: _____