ASC – Stambition Mentoring Project

**Mentor Statement of Interest Form**

**About you:**

|  |  |
| --- | --- |
| **First name:** |  |
| **Surname:** |  |
| **Email:** |  |
| **Telephone number:** |  |
| **Address;** |  |
| **Postcode:** |  |
| **Name on Zoom:** |  |
| **Gender:** |  |
| **Age range: 25-35, 36-45, 46 and over** |  |

 **Emergency contact details:**

|  |  |
| --- | --- |
| **Name of contact:** |  |
| **Relationship to you:** |  |
| **Contact telephone number:** |  |

**Employment history:**

|  |  |
| --- | --- |
| **Current employer’s name:** |  |
| **Position held:** |  |
| **Dates:** | **From** | **To** |
| **Please describe briefly the main functions of your current role** |  |

**Previous employment (most recent first):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name/address previous employer** | **Position held** | **From** | **To** | **Brief description of role** | **Reason for leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**About yourself:**

Please tell us something about your own experience and journey living with stammering. If there is anything that you think is relevant to the role of mentor do be sure to include it:

|  |
| --- |
|  |

Please describe any skills, knowledge or experience you have of mentoring, coaching or counselling. This might be from your professional or personal life. It is not essential to have prior mentoring experience, but this information will assist in the matching process:

|  |
| --- |
|  |

**Qualifications and experience:**

Please tell us about any qualifications, hobbies/interests or other experience you have (e.g. voluntary or unpaid work past or present) that may be helpful in matching you with an appropriate mentee:

|  |
| --- |
|  |

Please tell us your reasons for wishing to become a mentor. What do you hope to achieve from it?

|  |
| --- |
|  |

**Commitments and further information:**

As a mentor, you will need to commit to:

* Meeting a minimum of 6 times over a 7-month period (6 hours mentoring time minimum)
* Attending the initial induction training
* Participating in 1:1 supervision sessions of 1-hour each (before your first mentoring session, halfway through and before your final mentoring session)
* Attending a session to provide feedback on the project and at the end of the 7-month period
* Respecting your mentees confidentiality in line with mentoring best practice

In light of Covid-19, it is anticipated that all meetings etc. will be held virtually via Zoom or a similar platform.

Please provide the following information for health and safety reasons. The information disclosed will enable us to assess how best we support mentors and mentees and will not necessarily prevent anyone from being accepted. Please note that we will run DBS checks on all participants.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any criminal conviction? |

|  |
| --- |
|  |

 Yes |

|  |
| --- |
|  |

No |
| If yes, please provide details of conviction: |
| Are you currently on probation? |

|  |
| --- |
|  |

 Yes |

|  |
| --- |
|  |

No |

**Please provide the name, position, address and e-mail contact details of two referees:**

|  |
| --- |
| Referee 1 |
| Referee 2 |

**Mentor declaration:**

I confirm that all the details I have provided in this application form are correct, and that I have not deliberately withheld any relevant information.

If selected I will contribute to the Stambition Mentoring Project to the best of my ability and will at all times act with professional integrity and in accordance with the aims of the programme.

|  |
| --- |
| Signature:Date: |

**Please return this form to:**

**Stephanie Nutman: Stephanie.Nutman@stammeringchildren.org**