



Spoons Volunteer Peer Supporter Application

Confidential

We are really pleased that you are interested in joining our amazing team of volunteer peer supporters. Please complete this form and email it to care@spoons.org.uk

Please only complete this form if:

- You are happy for us to contact you
- You consent to Spoons storing your data for the purpose of this application

General information about Spoons is available at www.spoons.org.uk

To speak a member of our team email care@spoons.org.uk or telephone 0300 365 0300

Your information

Please note we are unable to accept an application if any of the required information is missing

First name:	Surname:
Your date of birth:	Have you had a baby on the neonatal unit: Yes <input type="checkbox"/> No <input type="checkbox"/>
Full home address including postcode:	List of neonatal unit(s) that have cared for the baby/babies:
Your contact telephone number:	Date that your baby left neonatal care:
Your email address:	Emergency contact name, contact number and relationship:

More about you

Please tell us why you are applying for the role of a volunteer peer supporter:

Please tell us why you would like to specifically volunteer for Spoons:

Please can you briefly explain your experience of neonatal care:

Please tell us a little more about you, and the skills and qualities you have that make you suitable for this role:

--

Please tell us which neonatal unit you would like to volunteer at:

Bolton North Manchester Royal Oldham Stepping Hill

St Mary's Tameside Wigan Wythenshawe

Rehabilitation Act 1974

Do you have any unspent convictions:

Yes No

If yes please specify:

--

If you would like to talk with someone about this before applying, please contact Kirsten Mitchell at kirsten@spoons.org.uk.

Please note that a conviction will not necessarily exclude you from volunteering with Spoons, but will be taken into account when assessing your suitability. A volunteer peer support roles will require you to complete a Data Barring Service check

References

Reference checks are a standard part of our volunteer selection process. Please provide the name and contact details of two people who are not family members and who are willing to act as referees for your volunteer position. One reference should come from an employer or former employer, this can also include someone who has managed you in a previous voluntary role.

We will make reference checks either by telephone or email.

Referee 1:

Name:	Organisation name:
Address:	Email address:
Telephone number:	Relationship to you:

Referee 2:

Name:	Organisation name:
Address:	Email address:
Telephone number:	Relationship to you:

Your consent and communication preference

Consent to store your data for this application:	Consent to be added to Spoons parent/carer newsletter:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your communication preferences:
Email <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/>

Equal opportunities monitoring

Ethnicity

Asian/Asian British: Bangladeshi <input type="checkbox"/>	Mixed: White and Asian <input type="checkbox"/>
Asian/Asian British: Pakistani <input type="checkbox"/>	Mixed: White and Black African <input type="checkbox"/>
Asian/Asian British: Indian <input type="checkbox"/>	Mixed: White and Black Caribbean <input type="checkbox"/>
Asian/Asian British: Chinese <input type="checkbox"/>	Mixed: Other <input type="checkbox"/>
Asian/Asian British Other: <input type="checkbox"/>	White: British <input type="checkbox"/>
Black/Black British African: <input type="checkbox"/>	White: Irish <input type="checkbox"/>
Black/Black British Caribbean: <input type="checkbox"/>	White: Other <input type="checkbox"/>
Black/Black British Other: <input type="checkbox"/>	Arab <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>

Sexual Orientation

Heterosexual <input type="checkbox"/>	Gay/Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>
Not sure/don't know <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>
Non-Binary <input type="checkbox"/>	Transgender <input type="checkbox"/>
Transgender <input type="checkbox"/>	Genderqueer <input type="checkbox"/>
Other/Not listed <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Disability

Behaviour and emotional <input type="checkbox"/>	Hearing <input type="checkbox"/>
Manual Dexterity <input type="checkbox"/>	Learning Disability <input type="checkbox"/>
Mobility <input type="checkbox"/>	Personal Care <input type="checkbox"/>
Progressive Condition <input type="checkbox"/>	Sight <input type="checkbox"/>
Speech <input type="checkbox"/>	Other/Not stated <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	

Please return all completed application forms to care@spoons.org.uk and we will aim to respond within five working days