##

## Beat Application Form – Online Peer Support Volunteer

**Department: Services Team**

**Role: Online Peer Support Volunteer (SharED)**

**Location: Home-based**

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| **Personal Details** |
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| Title: |  |  |
| Full Name: |  |  |
| Date of Birth: |  |  |
| Home Address: |  | Line 1:Line 2:City:Postcode: |  |
| Email Address: |  |  |
| Telephone Number: |  |  |

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| **Volunteering Questions** |
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| Please tell us briefly why you are interested in volunteering with Beat? |
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| Considering the skills required for the role you are applying for, please tell us how you meet the criteria for this role: |
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| Please describe your verbal and written communication skills with reference to your ability to build effective relationships: |
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| Please outline your knowledge and personal experience of eating disorders: |
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| Volunteers’ wellbeing is really important to us. We ask that all volunteers with personal experience of an eating disorder have been in a stable recovery and have not engaged in any eating disorder behaviours for at least 2 years. How long have you been in recovery/recovered? |
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| Less than 1 year 1 – 2 yearsNot Applicable | 2 – 5 years5 + years |

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| What does recovery mean to you and where are you in your recovery journey? |

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| Please outline below any professional support you received for the eating disorder. It is essential that you have been outside of eating disorder specific support for 2 years. |

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| Thinking about the volunteer role you may be taking on, what impact do you think this might have on you and how might you manage this? |

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| Within this role, we expect volunteers to dedicate around 1-2 hours per week, sending 1-3 emails within this period, over the period of around one year. Is there anything that you think may prevent you from committing this time? |
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| **References** |

**Please note that your application is subject to two satisfactory references.**

* Your Referees must have known you for at least one year
* Referees cannot be relatives or partners/spouses
* One referee must be able to offer a reference in a professional capacity, for example, employer, tutor, medical practitioner
* Referees will be asked to confirm that you meet any specific criteria for the role

References should not be older than 3 years. If you are unable to provide recent references, please call to discuss other options.

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| Reference 1: |  | Name:Address:Phone Number:Email Address:Relationship:Length of Time Known: |  |
| Reference 2: |  | Name:Address:Phone Number:Email Address:Relationship:Length of Time Known: |  |

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| **Declaration** |  |

I authorise Beat to obtain references to support this application, and release Beat and referees from any liability caused by giving and receiving information.

We use the information included in this form for equality and diversity monitoring purposes. Any information supplied here will be passed on to the relevant team to monitor equal opportunities. Your information will not be shared with any other organisation. By completing this form and providing this information you consent to us using the data for this purpose.

**Disclaimer: Beat are committed to the well-being of volunteers and want to ensure that all volunteers feel that they are capable of performing their roles without risk to their well-being. It is essential that, by signing this form, you are confirming that the information given on this form is true and that you believe you can meet the requirements of this role.**

**If emailing this form, please place an X in the box below in place of your signature.**

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| **Signed** |  | **Date** |

**Thank you for taking the time to fill in this application form!** **Please** **email your completed application form to:** shared@beateatingdisorders.org.uk