**Expression of interest form – Peer support training**

**PLEASE READ THE INFORMATION FOR PEER SUPPORT TRAINING BEFORE COMPLETING THIS FORM**

**This form is required if you would like to be considered to attend a peer support worker training course. Completion and passing of this course (or a very similar course) is necessary if you wish to apply for a peer support worker job in the future.**

**If you prefer to be a peer support volunteer you will complete less training and there will be different dates to those listed, with an option to complete the full training in the future, if you become interested in applying for a paid role.**

Responses can be typed or handwritten. Once completed either email to Teresa Spilsbury at Teresa.Spilsbury@leicspart.nhs.uk or contact Teresa by phone to discuss where to take it to**.** If you require any support with this form or for an informal chat please contact Teresa on **0755 749 8007**.

If I am busy and don’t answer, I will call you back but you must leave your phone number as it will come up as unknown

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| Name:  | Telephone/Mobile: |
| Email:  | Address:  |
| Are you applying for the training course to be able to apply for a job as a peer support worker when jobs come up? YES NO (Please Circle) | Are you applying to be a peer support volunteer instead of looking for a paid role?YES NO (Please Circle) |
| It is **extremely important** that you are honest in this section, we will contact you to ask for some more information, you do not have to provide any details at this point. Please see the peer support training information sheet which has more details about this.Are you waiting to go to court or have a criminal conviction that will be visible on a DBS form? (Disclosure and Barring Service) YES NO (Please Circle) |

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| **Please tell us why you want to complete peer support training?** *Think about; your strengths,* *your experience of mental health, what you would offer to people experiencing mental health challenges and any relevant employment or volunteering experiences.* Please continue to type, the box will expand  |

The following questions **DO NOT** affect whether you are offered a training space, but will help us with our planning. Please tick the box

Are there any reasonable adjustments you would need to participate in training? If so we will ask you about these, although you do not have to declare it if you prefer not to. YES No Prefer not to say

Do you have access to a PC, electronic tablet or laptop? YES No

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| We will contact you to arrange a further telephone conversation/virtual meeting about your expression of interest. Please can you tell us the best time to contact you. Please circle below.AM PM Any day of the weekMonday Tuesday Wednesday Thursday FridayDo you drive? This will help with planning further down the line, for example when allocating placements.  YES NO  |

Thank you for expressing your interest in the Peer Support training. We look forward to speaking to you soon.