Application Form for Befrienders



Forms can either be printed or downloaded to your own computer before completing and e-mailing back to info@cafstaffordshire.org.uk as an attachment

If you need any help filling in this form, please speak to the Senior Officer who will gladly assist. Forms to be returned either to: Children & Families Staffordshire, The Bridge Centre, Birches Head Rd., S-o-T, ST2 8DD or e-mail: info@cafstaffordshire.org.uk

CONFIDENTIAL Title: (please circle) Name: Mr Miss Ms Mrs Address: Postcode: Home Telephone No: Mobile Telephone No: E-mail address: We prefer to communicate with you via e-mail. If this is not applicable/convenient, please indicate so that we can telephone or send postal communication instead. I prefer communication via: e-mail post telephone call text Date of Birth: Languages Spoken: How did you hear about Children & Families Staffordshire? Do you know anyone else who is connected to Children & Families Staffordshire? Please give details of any other voluntary/statutory work you have done, particularly with children and families:

Are you in paid employment? If yes, please give details, i.e. job title, employer, hours per week, etc:			
Are you hoping that through befriending work with Children & Families Staffordshire, this will lead to paid work within this field? (Please circle) YES NO			
Can you offer the minimum time (2 hours per week) to Children & Families Staffordshire, volunteering on a regular basis?			
What are your hobbies and leisure interests?			
Do you have any children, and if not, do you have any significant parenting experience?			
What skills, qualities or personal experiences do you hold that you feel may be relevant?			
Is there any other information you would like to add?			
is there any other information you would like to add:			
Do you have any health issues that may affect your role as a Children & Families Befriender or any additional needs that we can help you with i.e. mobility, visual, hearing? This can be discussed in confidence with a member of staff.			

As Befrienders are in a privileged position, we have a responsibility to ensure that no-one becomes a befriender who would misuse this trust. Therefore it is essential that you complete and sign this form Have you had any personal contact with Social Services or NSPCC/RSPCC in connection with children in your care? If yes, please give details: Do you have any medical condition (physical or mental) that could affect your work as a befriender? yes no If yes, please give details: Have you ever been dismissed from any paid or voluntary work? yes no If yes, please give details: Have you ever been convicted of any criminal offence? yes no If yes, please give details: Are there any matters outstanding which may lead to a criminal prosecution? yes no If yes, please give details:

I understand that my acceptance as a Children & Families Staffordshire Befriender will be conditional upon the receipt of fitting references and a satisfactory response to a check of criminal records via the Disclosure and Barring Service before my appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.						
Signed:	Date:					

BEFRIENDER RECRUITMENT APPLICATION MONITORING FORM

To ensure Children & Families Staffordshire's implementation and development of its Equality & Diversity Policy, applicants are asked to complete the details below. This information, which will be used solely for monitoring purposes, will be treated as confidential.

The basic information on these forms will be transferred to a summary sheet for the purpose of retaining overall statistical information. These completed individual monitoring forms will then be destroyed.

The response to these questions will not affect the success or otherwise of an application in any way.

Application for: Children & Families Staffordshire Befriender						
Where did you see the post advertised?						
Gender (please circle)	М			F		
Age (please tick)	<25	25-44	45-65	>65		
How would you describe your ethnic origin? (please tick)	425 25-44 45-65 >65 Asian: Indian Pakistani Bangladeshi Other Asian background Black: Caribbean African Other black background Chinese or other ethnic group: Chinese Any other ethnic group Mixed: Any mixed background White: British Irish Other white background					
Are you registered disabled at a job centre? (please tick)		Yes		No		
Do you consider yourself to be disabled even though your disability is not registered? (please tick)		Yes		No		