Wellbeing Ambassador Application Form

Please complete the following application form and return to [**CYPF@newportmind.org**](mailto:CYPF@newportmind.org)

(Check all of your inboxes for a response, including junk and spam folders.)

Please provide as much information as you can.

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| --- | --- | --- | --- |
| Your Details | | | |
| Name |  | | |
| DOB |  | Age |  |
| Gender |  | Ethnicity |  |
| Address |  | | |
|  | | |
| Postcode |  | | |
| Phone number |  | | |
| Email Address |  | | |
| School/ College/ Uni |  | | |
| Application Date |  | | |

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| Please tell us why you would like to be a Wellbeing Ambassador and how you heard about us. |
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| Have you volunteered before? What would you like to gain from your time with us? |
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| Have you received support from any of these services? Either previously or currently. | | | |
|  | Children, young people and families services at Newport Mind | CAMHS | Social Services  Primary Care | |
|  | Services from another Mind | Other |  | |
| Details: | | | |

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| Please tell us how mental health has affected you |
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| --- | --- |
| Is there anything we should know about to help you maximise on your volunteering with us? | |
| Language |  |
| Communication |  |
| Disability |  |
| BAME/ LGBTQ+ |  |
| Other |  |

|  |  |
| --- | --- |
| Emergency Contact number | |
| Name |  |
| Relationship |  |
| Address |  |
| Tel Number |  |
| Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please provide us with two references | | | | | |
| **Reference 1** – (This needs to be someone professional like a teacher, youth worker etc) | | | **Reference 2** – (This needs to be someone personal like a neighbour, friend etc) | | |
| Name |  | | Name |  | |
| Address: | | | Address: | | |
| Email | |  | Email | |  |
| Relationship to you | |  | Relationship to you | |  |

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| Data protection, Freedom of Information and Confidentiality |
| In order to operate efficiently, Newport Mind has to collect and use information about people with whom it works.  During your involvement with us we will record information about you both on our secure computer system.  You have the right to ask to see any information held about you by Newport Mind.  I consent that Newport Mind may collect information about me so that I can be involved with Newport Mind as a Wellbeing Ambassador.  Yes, I consent |

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| Photography |
| Newport Mind may commission photos of an event or volunteering activity, in which you may participate.  We require your consent, that images of you/your child may be used by Newport Mind, or organisations working on their behalf for promoting or raising funds for Newport Mind and its programmes.    I consent that images of me may be taken and used in the above way.  Yes, I consent   No, I do not consent |

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| --- | --- |
| Signed |  |
| Print |  |
| Date |  |