



For better  
mental health

Haringey Wellbeing Network

**VOLUNTEER WELLBEING ADVOCATE APPLICATION FORM**

**NAME AND ADDRESS**

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**TELEPHONE NUMBER: DAY** ..... **EVENING** .....

WHAT ARE THE BEST TIMES TO CONTACT YOU? .....

PLEASE STATE HERE WHAT TIMES YOU ARE AVAILABLE TO WORK?

IF SELECTED FOR INTERVIEW, PLEASE TELL US IF THERE ARE ANY TIMES THAT ARE UNSUITABLE FOR YOU TO ATTEND AN INTERVIEW:

**PLEASE TELL US WHAT, IF ANY, EXPERIENCE YOU HAVE HAD IN VOLUNTARY WORK IN THE PAST: (PLEASE GIVE DATES AND PLACES)**

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**HAVE YOU HAD ANY OTHER EXPERIENCE WHICH YOU THINK MIGHT BE RELEVANT?  
E.G. BEING A PARENT, A STUDENT ETC.**

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**AS A MIND AFFILIATED ASSOCIATION, WE ARE COMMITTED TO PARTICIPATION IN THE AGENCY BY PEOPLE WHO USE OR WHO HAVE USED MENTAL HEALTH SERVICES. IN THIS CONNECTION, WE WOULD APPRECIATE IT IF YOU COULD SAY WHETHER OR NOT YOU HAVE EVER BEEN A USER OF MENTAL HEALTH SERVICES, AND WHETHER YOU HAVE EVER THOUGHT OF YOURSELF AS IN MENTAL DISTRESS?**

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**WHAT IS YOUR UNDERSTANDING OF EQUAL OPPORTUNITIES POLICY?**

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**DO YOU HAVE ANY SPECIAL NEEDS OR REQUIREMENTS IN REGARD TO ATTENDING AN INTERVIEW AND TO HELP YOU DO THE TASK YOU ARE INTERESTED IN?**

**IF YES PLEASE GIVE DETAILS:**

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**WHAT IS YOUR MOTHER TONGUE/FIRST/FAMILY LANGUAGE?**

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**WHAT DOES THE TERM "USER INVOLVEMENT" MEAN TO YOU?**

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**HOW DO YOU REACT IN A POTENTIALLY VIOLENT SITUATION?**

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**: WHAT DO YOU UNDERSTAND BY THE TERM MENTAL DISTRESS AND ITS CAUSES?**

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**PLEASE TELL US WHY YOU WISH TO BE A VOLUNTEER WITH MIND?**

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**PLEASE TELL US WHAT SKILLS AND EXPERIENCE YOU THINK YOU CAN BRING TO MIND IN HARINGEY:**

(Please look at the role requirement and demonstrate how you meet the criteria. For example, you may wish to tell us about your previous employment, voluntary work, training and/or life experience.)

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IN ORDER TO PROCEED WITH YOUR APPLICATION WE WOULD LIKE YOU TO PROVIDE THE NAMES AND ADDRESSES OF PEOPLE WHO KNOW YOU WELL WHOM WE MAY ASK FOR A REFERENCE ON YOUR BEHALF. PLEASE INDICATE IN WHAT CAPACITY YOU KNOW THEM. IT IS SUGGESTED, IF POSSIBLE, THAT AT LEAST ONE PERSON KNOWS YOU IN SOME KIND OF WORK CAPACITY, E.G., FORMER EMPLOYER. THEY SHOULD NOT BE PART OF YOUR FAMILY OR CLOSE FRIENDS.

NAME:  
ADDRESS:

NAME:  
ADDRESS:

PHONE NUMBER  
OCCUPATION:

PHONE NUMBER  
OCCUPATION:

DATE:

SIGNATURE: .....

PLEASE RETURN THIS FORM TO:

**PATRICIA ABOAGYE  
HARINGEY WELLBEING NETWORK (WELLBEING ADVOCACY)  
MIND IN HARINGEY  
73C STAPLETON HALL ROAD  
LONDON N4 3QF**