**Application form**

**Mental Health Champions (Young People) mentoring**

**Pilot project 2018**

**Deadline: 21st May 2018, 12pm**

**Email:** [**hello@moraywellbeinghub.org.uk**](mailto:hello@moraywellbeinghub.org.uk) **Questions? Heidi 07989331651**

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| Applicant name:  (as it appears on your passport in full) |  | | |
| Known as: |  | | |
| Address:  (including postcode) |  | | |
| Daytime phone no: |  | | |
| Email address: |  | | |
| Other phone no: |  | | |
| I confirm I am over 18 & see no reason I am unable to travel: |  | | |
| Valid passport number: |  | | |
| Emergency contact:  (name, relationship, number) |  | | |
| PVG number: |  | | |
| Equality monitoring:  (please leave this blank if you do not wish to include this information) | DOB: | Gender: | Ethnicity: |

**Applicant advice:**

We recommend that prospective applicants refresh their understanding of terms such as ‘peer’ and ‘Champion’ as well as our key values to support their completion of this form.

We actively encourage applicants to contact us to discuss their application in advance of submission and clarify any questions that remain unclear for them. As this is a pilot project we are particularly open to being flexible with applicants and partner organisations, focusing on values over fixed activity.

**Partner organisations:**

We cannot accept applications that do not have a method of delivery through a paid or unpaid role within a partner organisation. However, applicants may not feel comfortable negotiating this with employers and we would anticipate a role in this prior to application.

* I am a MWH Champion

*If you are not currently a Champion please explore this role online via our website and contact us with any questions. We are only supporting Champions to take part in this project, but anyone over 16 is welcome to sign up.*

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| Q1: Why did you want to become a Champion with MWH? |

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| Q2: Please share a personal example of using the Champion values in action. |

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| Q3: What skills and qualities do you think an effective peer-mentor should have to train and support young people as Champions? What are your strengths in these areas? |

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| Q4: Describe any experience you have of facilitating groups or delivering training. |

* I confirm I have read the information for applicants and partners sheet

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| Q5: What attracted you to apply for this opportunity? |

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| Q6: What do you hope to gain from attending the training in Dublin and in delivering the course in Moray? |

* I commit to attending the full training for trainers on the 2-7th Aug (all travel expenses will be paid by Moray Wellbeing Hub CIC and partners).

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| Q7: Please list any access or dietary requirements |

* I commit to delivering the course in Moray within 10 months with support and supervision of MWH, and taking part in Participatory Action Research through my own personal reflective journaling.
* I commit to promotion, awareness raising and sharing learning gained in the project.

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| Q8: What opportunities and challenges do you foresee in delivering this programme to young people in Moray? |

* I understand there is currently no funding for delivery of training.

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| Q9: In what role(s) do you aim to deliver this training?  Please include information on whether this is paid or unpaid, the age group of young people, the setting (education or other) and any significant topics the group focuses on. |

**Partner organisation information:**

* I confirm that I have discussed this opportunity with my employers / host organisation and provided them the information sheet. I am happy to have MWH contact and discuss the opportunity directly with the key contact.

OR

* I have not yet discussed the opportunity with my partner organisation and would like support to do so from MWH. I am happy to have MWH contact and discuss the opportunity directly with the key contact.

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| Partner organisation : |  |
| Key contact: |  |
| Email: |  |
| Phone number: |  |

If you have a second organisation you may consider delivering with, please include their details.

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| Partner organisation: |  |
| Key contact: |  |
| Email: |  |
| Phone number: |  |

* I understand that the success of my application is partly based on a successful partnership being built with my partner organisation who will need to agree to;
* Commit to MWH values and partnership working
* Coproduce and sign a partnership agreement and project delivery plan
* Commit to support applicant in min. one delivery within year within existing funded role or as volunteer if agreed.
* Explore partnership funding for delivery and/or future expansion of project with MWH

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| Thank you for taking the time to complete this form.  Applicants may be required to provide additional information after shortlisting.  Successful applicants will be contacted and their place confirmed in early June.  MWH will select three applicants and one reserve.  **Please return this electronically via the details on the font of the form by,**  **12 noon on Monday 21st May 2018** |