**Mentoring Application Form**

**Please return your completed application by 5 April 2019 to** **president@batod.org.uk**

**1. Personal Details**

|  |  |
| --- | --- |
| **First Name:** |  |

|  |  |
| --- | --- |
| **Surname:** |  |

|  |  |
| --- | --- |
| **Address:** |  |

|  |  |
| --- | --- |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Telephone No.** |  |

|  |  |
| --- | --- |
| **Job Title:** |  |

|  |  |
| --- | --- |
| **Place of Work:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a disability?**  | Yes: |  | No: |  |

|  |
| --- |
| If yes, please specify  |

|  |
| --- |
| If you require any special assistance or facilities, such as an interpreter, please write details below |

**2. Mentoring Information**

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| --- |
| **Please give a brief description of the main duties of your current post:** |
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| --- |
| **Please describe your experience of mentoring and coaching:** |
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| --- |
| **Please give details of any specific areas of knowledge and experience relevant to being a Teacher of the Deaf mentor e.g. audiology** |
|  |

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| --- |
| **What is your motivation for applying to be a volunteer mentor?** |
|  |

**3. Train the Mentors**

Please complete this section if you wish to be considered as a trainer of mentors.

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| --- |
| **Tell us about your experience of delivering training.** |
|  |

I confirm that I can attend the train the mentors day in Manchester on 29 April 2019. 🞎

**4. Reference**

Please provide details of a referee whom we can contact in relation to your application.

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |
| --- | --- |
| **Job title:** |  |

|  |  |
| --- | --- |
| **Relationship to referee:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

|  |  |
| --- | --- |
| **Telephone:** |  |

|  |  |
| --- | --- |
| **Address:** |  |