**Mentor Application Form**

**Please return your completed application to** [**mentoring@batod.org.uk**](mailto:mentoring@batod.org.uk)

**1. Personal Details**

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

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

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

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

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

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

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

|  |
| --- |
| Do you have any special access or communication needs, such as an interpreter, please write details below: |

**2. Mentoring Information**

|  |
| --- |
| **Please give a brief description of the main duties of your current post:** |
|  |

|  |
| --- |
| **Please describe your experience of mentoring and coaching.** |
|  |

|  |
| --- |
| **Please give details of any specific areas of knowledge and experience relevant to being a Teacher of the Deaf mentor e.g. audiology** |
|  |

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

|  |
| --- |
| Are there any **restrictions** on your participation?  For example: time, conflict of interest, technology |
|  |

|  |
| --- |
| Are you happy to provide mentoring support in the following ways?  Tick all that apply. |
| * Video call * Telephone * BSL * SSE * Spoken English |

**3. 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:** |  |

**4. Declaration**

I understand that to be involved I need to:

* have discussed my application with my line-manager (optional but recommended)
* follow the guidelines set-out in the agreement in relation to confidentiality and safeguarding (Please refer to the BATOD privacy statement on the BATOD website)
* inform BATOD when the mentoring has come to an end and participate in the evaluation of the programme

I consent to BATOD holding my data in order to contact me about my participation in the Mentoring Programme, in line with BATOD Data Protection Policy.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |