

Low Mood Improvement for Thalidomide Survivors (LifTS) Project - Peer Supporter Application Form

Thank you for your interest in becoming a Peer Supporter.

Peer Supporters will play a vital role in the LifTS project; you will be providing peer support to fellow beneficiaries taking part in the behavioural activation programme, and your support could make a big difference to beneficiaries experiencing low mood or anxiety. In addition, Peer Supporters will make an important contribution to the research by providing feedback to the research team about the role and the overall project, though we hope that you will also find the role enjoyable and rewarding

The information you give in this application form will help us shape the training and support we provide to Peer Supporters, so please give us with as much detail as possible.

Section 1: Personal Information

Title: Mr/Mrs/Miss/Ms	
Your full name	
Address	
Email address	
Telephone number:	
Home	
Mobile	

Section 2: Previous experience

1 **Have you been a volunteer before?** **Yes** **No**

If yes, please provide a brief description of the role and the organisation you volunteered for and tell us what you enjoyed about it:

Section 3: Skills, Knowledge and Hobbies

- 2** What skills and experience do you have that you think will make you effective as a Peer Supporter?

- 3** Please provide brief details of your interests and hobbies:

- 4** Please explain why you would like to be a Peer Supporter. What do you hope to get out of the role?

- 5** Do you have any special needs? For example, specialist equipment such as a telephone, IT support

Section 5: References

- 6** Can you please provide us with the name and contact details of two people who would provide us with a reference for you. (Please note that we will not contact your referees until we have spoken to directly and confirm you want to proceed.)

Reference 1

Title: Mr/Mrs/Miss/Ms	
Name	
House Name / Number	
Street Name	
Town City	
Postcode	
Email address	
Telephone number:	

Reference 2

Title: Mr/Mrs/Miss/Ms	
Name	
House Name / Number	
Street Name	
Town City	
Postcode	
Email address	
Telephone number:	

Please return your completed application form by post to:

Michelle Robinson, The Thalidomide Trust, 1 Eaton Court Road, Eaton Socon, St Neots,
Cambridgeshire, PE19 8ER

Or

Email the application form to: hello@thalidomidetrust.org