Application Form – Volunteer Peer Designer

If you require more information please e-mail Oliver Holdsworth at oliver.holdsworth@cpslmind.org.uk

| First name: |  | Surname: |  |
| --- | --- | --- | --- |
| Location: |  | | |
| Daytime No: |  | Evening No: |  |
| Mobile No: |  | Email: |  |

| Please tell us if you have any preferences for how we can contact you:  ***E.g., Please don’t call between 9am – 5pm Mon – Friday*** |
| --- |
|  |

| Please tell us in the boxes below how you meet the specified criteria |
| --- |

|  |
| --- |
| Are you someone who is or has been a smoker, and have had lived experience with mental health problems? |
|  |
| Good Communication & Listening Skills: |
|  |

| Openness and flexibility: |
| --- |
|  |

| Ability to maintain and respect confidentiality |
| --- |
|  |

| Ability to use email, a video call software and word processing software |
| --- |
|  |

| Please use this space to tell us any additional information |
| --- |
|  |

| Please tell us if you have any specific requirements or need support to participate:  ***E.g. If you require someone to accompany you to the workshop*** |
| --- |
|  |

Please return this form to Oliver Holdsworth [oliver.holdsworth@cpslmind.org.uk](mailto:oliver.holdsworth@cpslmind.org.uk)

by:

5pm on Thursday 31st July 2025

|  |
| --- |
| We take your privacy seriously and promise to never sell your data. You can find out more about your rights, how your local Mind use your personal information and keep your details safe and secure by reading our Privacy Policy <https://www.cpslmind.org.uk/privacy-policy/> |