

Speak Out Advocacy Project

I would like to become a volunteer advocate with Speak Out.

Name:

.....

Address:

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.....

.....

Tel. No. (Daytime):

.....

(Evening):

.....

What previous experience of people with learning disabilities do you have? (This is not necessary but useful to know).

Have you done any voluntary work before?

Yes No

If Yes, please give details.

At present, are you:

- Employed
- In further education
- Unemployed
- Retired
- Other (please specify)

What are your interests?

Do you have any particular skills or interests which might be useful in being an advocate?

Is there any information regarding your health that you think we should be aware of?

Do you have a current 'clean' driving licence? Yes No

Do you have a car that you would be willing to use? Yes No

Have you ever been convicted of any criminal offence? Yes No

If Yes, please give details.

Please note that any conviction, current or spent, will not necessarily prevent you from volunteering.

SUPPORTING STATEMENT

This statement will be shared with potential users of the Speak Out Advocacy Project to help them consider if you are the right Advocate for them. Tell us about yourself and why you want to be become an Advocate and what you believe you can offer.

Please give us some indication of when you would be available for both the training programme and actual advocacy work.

AVAILABLE	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

Please give details of two people who would be willing to provide you with a reference.

Name	Name
(Designation)	(Designation)
Address	Address

Tel. No.	Tel. No.

Signature	Date
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As part of the screening of potential advocates, an enhanced disclosure check will be carried out at some stage of the training programme, in addition to following up the references provided.

Please return your completed form to:

**SPEAK OUT ADVOCACY PROJECT, 14 PANKHURST PLACE,
THE VILLAGE, EAST KILBRIDE, G74 4BH.**