



Peer Support Volunteer Expression of Interest Form

When completing this Expression of Interest form, please refer to the role description for The Peer Support Volunteer role, which outlines the criteria and required skills to carry out the role satisfactorily.

Peer Details

Name

Address

Postcode

Email address

Contact number

Date of birth

Hospital Attended

Please indicate what motivated you to seek consideration for the role of Peer Support Volunteer

Interests, hobbies, skills

Previous volunteer experience

List most recent first

Where	Date		Role
	From	To	
1.			
2.			
3			

Please tell us what experience and skills you would bring to this role. Include examples and evidence in line with the person specification. Please use additional sheets if required:

Below please tick (V) the relevant boxes that indicate your availability to engage in the role (Up to a maximum of 2 days per week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Successful applicants for the role of Peer Support Volunteer will be required to be in a position to commit to the role for a minimum of **2** years. Please indicate your ability to commit in line with this. On completion of training volunteers are required to commit to a minimum of 4 hours per week plus one hour for supervision/team meetings.

I can commit

I cannot commit

Below please indicate any personal challenges or limitations (e.g., physical) that you consider might impact on your ability to engage fully in the role?

Below please include any additional relevant details to support your expression of interest

Disclosure/declaration

Due to the nature of the work that the Irish Kidney Association is involved with and that our charity primarily deals with vulnerable adults on a day-to-day basis, all those engaged in work on our behalf are required to disclose all criminal convictions. Any offer of the role of Peer Support Volunteer is conditional upon Disclosure and Garda Vetting checks. Please detail any such convictions in the space below. Disclosure of a conviction will not result in automatic exclusion.

Do you have a criminal conviction? If yes, please provide details below:

Yes

No

If 'Yes' please give details

Declaration

I confirm that the information given above is true and understand that any false or omitted information could lead to my expression of interest being disallowed.

Signed _____

Date _____

Sincere thanks for taking the time to complete this expression of interest. Please forward your completed form along with a **copy of your most recent C.V. (if you have one), no later than _____** for the attention of Noreen Murphy at info@ika.ie or by post to the Irish Kidney Association, Donor House, Block 43A, Park West, D12 P5V6.

Following the closing date for receipt of expressions of interest a review of submissions will be undertaken and a shortlist compiled. Shortlisted applicants will be invited for an informal interview in advance of a final decision being reached regarding selection to engage in the service.