|  |  |
| --- | --- |
|  | Shared Lives Ambassador Application form |
| Phonecall1 | If you need help to fill in this form, please ask your Shared Lives carer or call the Shared Lives Plus office on 0151 227 3499. |
|  | **Your title**  Please put a circle round the right title  Mr Mrs Ms Miss |
| A person holding a sign  Description automatically generated | **Your first name** |
| A person holding a sign  Description automatically generated | **Your last name** |
| Home | Your address |
| Telephone 3 | Your phone number at home |
| mobile | Your mobile phone number |
| Email | **Your email address** |
| shared lives family | **Do you live or visit Shared Lives? Please circle.**  Yes No |
|  | **Have you moved from care into Shared Lives in the last 5 years? Please circle**  Yes No |
|  |  |
| A picture containing person, indoor, person, table  Description automatically generated | **If your application is successful can you come for an interview online? Please circle**  Yes No |
| A close up of a device  Description automatically generated | **If you are chosen to be a Shared Lives Ambassador when could you start work?** |
| Jobs_different | Have you done work like this before? Please circle.  Yes No  If yes, please tell us more |
|  |  |
| Office_desk3 | **Why do you want to be a Shared Lives Ambassador?**  **What things do you enjoy doing?** |
| Thumbs_down4Photo4 | **What things do you not enjoy doing?** |

|  |  |
| --- | --- |
|  |  |
| http://intranet.mencap.org.uk/accessibleimages/lores_images/Train_travel.jpg | **Do you need support when you travel? Please circle**  Yes No |
| EmailmobileHomeTelephone 3family | Please tell us who to contact in an emergency. If you live with your Shared Lives carer, give their details.  Name  Address  Phone number  Mobile  Email |

|  |  |
| --- | --- |
|  |  |
| Boss_friendly1 | Referees  Please give details of 2 referees. A referee is someone who knows you well but is not family.  We will write to them and we might telephone them. |
| boss  HomeEmail Telephone 3 | Person 1  Name  Job title  Address  Email  Phone Number |

|  |  |
| --- | --- |
| Telephone 3EmailHome | Person 2  Name  Job title  Address  Email  Phone Number |

|  |  |
| --- | --- |
| Ssshhh1 | **Confidential – private**  Shared Lives Plus will keep your information safe.  We will use what you tell us to help us decide if being a Shared Lives Ambassador is the right job for you. |
| Back_pain | **Is there anything to do with your health that will stop you from doing some types of work? Please circle**  Yes No |
|  | **If yes, please tell us more** |
| stop | **Have you ever been asked to leave a job before? Please circle**  Yes No |
|  | **If yes, please tell us more** |

|  |  |
| --- | --- |
|  |  |
| sign form | Read the sentences next to the ticks. If you agree with them sign the form. |
| images%5Ctick copy | I have told the truth on this application form |
| images%5Ctick copy | I understand that this job involves talking about my experience of Shared Lives and **a learning disability, autism, or other neurological condition or experience of mental ill health?** |
| images%5Ctick copy | I understand that if I have not told the truth, or not told you about something important about me doing this job, I may be asked to leave the job if I get it. |
| A picture containing cellphone, phone, holding, screen  Description automatically generated | Please PRINT your name |
| A picture containing phone, computer  Description automatically generated | Please sign your name |
| Writing1 | Please write in the date |

|  |  |
| --- | --- |
| http://intranet.mencap.org.uk/accessibleimages/lores_images/Envelope_write.jpg | **Please send this form to:**  Recruitment,  Shared Lives Plus,  Eleanor Rathbone House,  Connect Business Village,  24 Derby Road,  Liverpool,  L5 9PR  OR  **Email this form to:** |
| email | recruitment@sharedlivesplus.org.uk |
|  | Completed application forms must be received by Sunday April 6th |