



Shared Lives Ambassador Application form



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



Your first name



Your last name



Your address



Your phone number at home



Your mobile phone number



Your email address



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



If your application is successful can you come for an interview online? Please circle

Yes

No



If you are chosen to be a Shared Lives Ambassador when could you start work?



Have you done work like this before? Please circle.

Yes

No

If yes, please tell us more

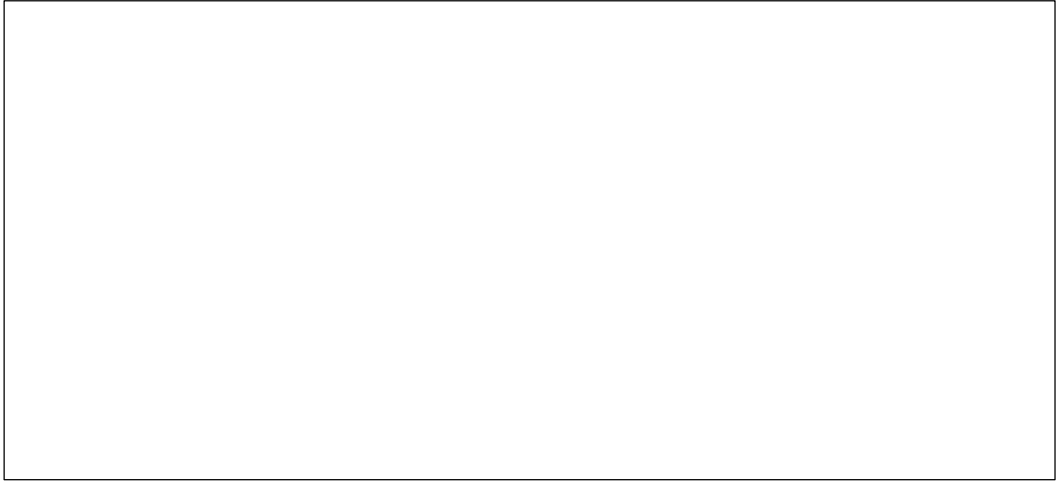


Why do you want to be a Shared Lives Ambassador?

What things do you enjoy doing?



What things do you not enjoy doing?

A large, empty rectangular box with a thin black border, intended for the user to write their answer to the question above.



Do you need support when you travel? Please circle

Yes

No



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





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.

Person 1



Name

Job title

Address



Email



Phone

Number



Person 2

Name

Job title

Address



Email



Phone
Number



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.



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



Have you ever been asked to leave a job before? Please circle

Yes

No

If yes, please tell us more

A large, empty rectangular box with a thin black border, intended for the user to provide additional details or answers to the question above.



Read the sentences next to the ticks. If you agree with them sign the form.



I have told the truth on this application form



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?**



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.



Please PRINT your name



Please sign your name



Please write in the date



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:

recruitment@sharedlivesplus.org.uk

Completed application forms must be received by
Sunday April 6th