**Peer Support Line Volunteer – pre-reg specialist application form**

Please read the volunteer role description before completing this form **Please email this form with a copy of your current CV to** peersupportline@aop.org.uk **by Sunday 21 April 2024.**

|  |  |
| --- | --- |
| **Name** (title, first name, surname) |  |
| **AOP membership number** |  |
| **Address** |  |
| **Postcode** |  |
| **Phone** (home) |  |
| **Phone** (mobile) |  |
| **Email** |  |
| **Status (**A pre-reg or recently qualified optometrist) |  |

**Are you able to volunteer two days a month (Monday - Sunday)?**

🞏 Yes 🞏 No

**Will you be available to attend an online training session in May (dates and times TBC)?**

🞏 Yes 🞏 No

**Do you agree to attend a training day for each year you hold the role?**

🞏 Yes 🞏 No

**Describe any skills and experience (including experience as a volunteer) you have that would be useful for this role**

|  |
| --- |
|  |

**What are the reasons for your interest in this role? Select one, or more, of the below**

|  |  |  |  |
| --- | --- | --- | --- |
| Learn new skills | 🞏 | Use my existing skills | 🞏 |
| Help my career | 🞏 | I have spare time | 🞏 |
| Help people | 🞏 | Received voluntary help in the past | 🞏 |

**Please explain your reasons in the box below**

|  |
| --- |
|  |

**Is there anything else you would like to tell us about yourself?**

|  |
| --- |
|  |

**How did you hear about this volunteering opportunity with the Peer Support Line?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Via existing volunteer | 🞏 | AOP website  |
| 🞏 | Via AOP councilor | 🞏 | Instagram |
| 🞏 | LinkedIn | 🞏 | AOP enews |
| 🞏 | Other |  |  |

**If other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration**

 **Data protection and GDPR**

In accordance with GDPR and all other data protection legislation currently in force, I give my consent to the AOP for the purpose of my volunteering to process by computer, or by other means, the information contained on this form. I also understand that it is my responsibility to keep the AOP informed of any changes to my personal details and that this should be provided in writing. This application will be stored on AOP computer databases for 180 days after my volunteering role has ceased.

I confirm that the personal information in this form is accurate.

**Signature** \_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_