**APPLICATION FORM**

GUSRC MENTAL HEALTH TRAINER

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| **PERSONAL DETAILS**  |
| **Full Name**  |  |
| **Term Address** |  |
| **Student ID** |  |
| **Email Address** |  |
| **Mobile No.**  |  |
| **College of Study** |  |
| **Subject**  |  |
| **Year of Study** |  |
| **Year of Graduation** |  |

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| **AVAILABILITY** |
| **Training will take place in-person on the below dates:** **Monday 7th – Tuesday 15th August (Mind Your Mate)** **Wednesday 16th – Friday 25th August (Emotional Resilience)****Please circle/highlight your availability below:**  |
| *Monday 7th – Tuesday 15th August* **MONDAY 7th 10am– 4pm****TUESDAY 8th AM / PM** **WEDNESDAY 9th AM / PM** **THURSDAY 10th AM / PM** **FRIDAY 11th AM / PM** **MONDAY 14th AM / PM****TUESDAY 15th AM / PM** | *Wednesday 16th – Friday 25th August* **WEDNESDAY 16th 10am– 4pm****THURSDAY 17th AM / PM** **FRIDAY 18th AM / PM** **MONDAY 21st AM / PM** **TUESDAY 22nd AM / PM** **WEDNESDAY 23rd AM / PM****THURSDAY 24th AM / PM** **FRIDAY 25th AM / PM**  |
| **If you have partial availability, please provide further details below:** |
| **We deliver workshops the week prior to, and during, Freshers’ Week (4th – 15th September 2023). Are you available over these dates?** | YES / NO |
| **Please give details of any long periods you will be unavailable during the summer and university academic year:** |

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| **WORK/VOLUNTARY EXPERIENCE*****Please outline any previous or current employment or volunteering activities*** |
| **Employer(s)/Voluntary Organisation(s)** | **Job/Volunteering Role(s) and Responsibilities** |
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| **KNOWLEDGE, SKILLS, AND EXPERIENCE** |
| **Please tell us how your outlook, knowledge and experience meet the requirements and person specification outlined in the Job Description document:** |

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| **REFERENCES***Please provide names and email addresses of two people to whom requests for references can be made. We will accept references from previous or current employers, school teachers, University tutors or lecturers* |
|  | **Referee 1**  | **Referee 2**  |
| **Full Name**  |  |  |
| **Email Address** |  |  |
| **Telephone No.** |  |  |
| **Are you happy for us to approach your referees without prior permission (please highlight/circle):** YES / NO |

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| **DISABILITIES** |
| **Do you have any disabilities or additional needs that we need to be aware of?**  | YES / NO |
| **If yes, please provide details of any adjustments we need to make to help you in the recruitment process:** |

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| **GENERAL INFORMATION** |
| **If offered a position, when would you be able to start?** |  |
| **Where did you see/hear about this position?** |  |

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| **DECLARATION***I confirm that to the best of my knowledge the information I have provided in this application is correct.* |
| **Signed** |
| **Date** |

Please email your completed form to representation@src.gla.ac.uk by Friday 7th July, 4pm.

If you have any queries, please get in touch with us at workshops@src.gla.ac.uk.