**Role: Activities and Group Facilitators**

**Organisation: Second Step - North Somerset Wellbeing Service**

**Location: Vacancies across North Somerset**

## Type: Part Time

Could you be the person who motivates service users experiencing mental health issues to engage in appropriate services? Training and supervision would be provided. If so, we would love to hear from you.

**Main tasks and responsibilities include**

* Supporting service users to engage in North Somerset Wellbeing Service activities
* Planning and delivering groupwork mental wellbeing sessions with support from North Somerset Wellbeing Service staff.

### About us

North Somerset Wellbeing Service, run by [Second Step](https://www.second-step.co.uk/), provides support for people across North Somerset with mental health problems. The service provides a non-judgmental, focused programme of workshops, courses and activities to help manage mental wellbeing and work towards recovery goals.

Volunteers of all ages (18+) and backgrounds are welcome and are valued as much for their life experiences as for the qualifications they may hold. We welcome those who may have accessed mental health and wellbeing services themselves and could use their personal experience for the benefit of others.

If applicable, it must be a minimum of 6 months since applicants last accessed North Somerset Wellbeing Service/AWP.

# When

We are looking for people who are available for a minimum of 2-3 hours per week for a minimum period of 6 months. Your hours of support would usually be delivered between 9:00a.m -5:00pm Monday to Friday although we are also keen to receive applications from people who may have availability in the evening.

Your personal qualities should include:

Experience of facilitating groupwork discussions

Open minded

Non-judgmental

Compassionate

Determined

Professional

Good Listener

# Benefits

A placement where you will gain skills, experience and knowledge

An initial training programme involving 4 days of face-to-face training plus some e-learning modules. Subsequent training would be delivered via regular group supervision sessions.

Supervision, regular reviews and on-going support

To make an application complete the application form below. And if you'd like to find out more or discuss a volunteering role with us, please call 0117 909 6630 or email [volunteering@second-step.co.uk](mailto:%20volunteering@second-step.co.uk).  Also have a look at our [FAQs page](https://www.second-step.co.uk/volunteering/frequently-asked-questions)[.](https://www.second-step.co.uk/frequently-asked-questions)

Dear Applicant

Thank you for expressing an interest in becoming a volunteer with Second Step. We value the time you are taking to be a part of our team. The time volunteers give contribute not only to the service users but also the organisation as a whole.

Volunteering can be a great way to gain skills and experience in supporting others. This can benefit you in obtaining future employment and studies.

We welcome applications from all potential volunteers and understand that people come with a variety of different experience and skills. We also encourage those with lived experience of relevant issues such as homelessness, offending, mental health and drug / alcohol addictions.

Once we receive your application you will be invited to an interview with a member of our team.

If you are successful we will require:

* Two references
* To obtain a Disclosure and Barring Service Check (DBS). This is to ensure both your safety and the safety of the people that you may be working with. There is no cost involved for the volunteer. The process takes 2 – 6 weeks or longer. We will send you the details to complete the online application if you are successful at interview. Having a criminal record will not automatically prevent you from becoming a volunteer.
* You to undertake our volunteering training. This consists of six half days face to face, some E-learning you can do from home or if you require IT support this can be made available. We will also provide you with your service induction training if applicable.
* A commitment of up to 4 hours a week

**We would like to make our application process as accessible as possible. If you require any assistance in completing the form or have any queries please feel to contact us on 0117 9096630 ext 225.**

Please find the Volunteer Application Form attached. Once completed you can return it in the pre-paid envelope or email it to volunteering@second-step.co.uk.

We look forward to receiving your application form.

Best wishes

Volunteering Team

Second Step

#### Volunteer Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |

(You must be over the age of 18 to work with us):

Address

|  |  |
| --- | --- |
| Telephone number |  |
| Email address |  |

Please tell us how you heard about volunteering with Second Step

Volunteer Role

|  |  |
| --- | --- |
| One to One Volunteers NSWS  Could you be the person who motivates service users experiencing mental health issues and assists them to access appropriate services? Training and supervision would be provided. If so, we would love to hear from you.  Main tasks and responsibilities include   * Supporting service users to attend North Somerset Wellbeing Service activities * Supporting service users to attend and engage with other social groups as part of their wellbeing plan * Supporting service users to attend external appointments for treatments or as part of their recovery * Attending a short training programme. Hours are flexible, but we do recommend a minimum commitment of three hours or more on a regular basis in order that you get the most from the opportunity. Please discuss your availability with us. | Yes No |

|  |  |
| --- | --- |
| Activity and Group facilitator NSWS  Could you be the person who motivates service users experiencing mental health issues to engage in appropriate services? Training and supervision would be provided. If so, we would love to hear from you.  Main tasks and responsibilities include   * Supporting service users to engage in North Somerset Wellbeing Service activities. Planning and delivering group work /mental wellbeing sessions with support from Service staff. | Yes No |

The volunteering services are needed during the week. Please tick below to let us know your availability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | AM |  | PM |  |
| Tuesday | AM |  | PM |  |
| Wednesday | AM |  | PM |  |
| Thursday | AM |  | PM |  |
| Friday | AM |  | PM |  |

Are you able to commit to a minimum of 12 months volunteering?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

#### About you

Please use the space below to tell us about you and why you are applying to volunteer with Second Step. It would be helpful to include:

* What interests you in volunteering for Second Step?
* What do you hope to gain from the experience?
* Any relevant work experience, volunteering experience or qualifications.
* Any hobbies and / or interests you may have
* Any life experience i.e. your own or somebody close to you experiencing mental health, drugs and alcohol, physical health or housing issues

|  |
| --- |
|  |

|  |
| --- |
|  |

More about you

**Let us know if you have any support needs as this will help us to support you in your role and also match you with the volunteering opportunity that best suits you.**

Do you have any particular support needs? This could include:

* Mobility / physical health
* Learning
* Mental health
* Housing issue
* In recovery from alcohol or substance misuse

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If YES, please specify any support you already have in place and detail how we can better support you to volunteer with us:

|  |
| --- |
|  |

Do you identify as a peer? This refers to somebody willing to use their lived experience in their role.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

References

Please give the details of two people we can request a reference from who can comment on your suitability for this role.

Your referees should be people who have known you for at least 1 year. At least one of your referees should have known you professionally, e.g. an employer, tutor or support worker.

If you cannot supply a referee who has known you both for 1 year and professionally, please supply contacts that know you well but are not family members.

Please contact us if you have any questions about references.

Reference one

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to you |  |
|  |  | How long have you known this person? |  |
| Contact number |  | Email address |  |
|  | | | |
| Home address |  | | |

Reference two

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to you |  |
|  |  | How long have you known this person? |  |
| Contact number |  | Email address |  |
|  | | | |
| Home address |  | | |

|  |  |
| --- | --- |
| Certification and Consent | |
| I certify that the details in this application are correct and agree that any enquiries may be made or documentation requested to substantiate all statements made by me. I give my consent to record this information confidentially, and for it to be used to identify suitable opportunities for me, and for statistical purposes. | |
| Printed Name |  |
| Signature – Please type if completing electronically. |  |
| Date |  |

Please return either by post or email to:

Email: [NSWellbeing@second-step.co.uk](mailto:NSWellbeing@second-step.co.uk)

Volunteering

North Somerset Wellbeing Service

67 – 69 Old Street

Clevedon

North Somerset

BS21 6BT

Shortlisting is done purely on the basis of this application form; please do not send CVs or other documentation. Please ensure that all relevant information is contained within this form.

|  |  |
| --- | --- |
| Office use only  Approved by Volunteer Coordinator | Date |

## Equal Opportunities Monitoring Form

# Confidential- Any information you give to Second Step on this form will be treated in the strictest confidence. We will only use this information in accordance with the Data Protection Act for the purposes of combating discrimination and encouraging diversity. This information may be stored on manual and computer files.

**A ETHNIC ORIGIN**

Do you consider yourself to be:

|  |  |  |
| --- | --- | --- |
| **White** | Please tick |  |
| British |  |  |
| Irish |  |  |
| Gypsy/Romany/Irish traveller |  | Please write in \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Eastern European |  |  |
| Other White background |  | Please write in\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Mixed** |  |  |
| White and Black Caribbean |  |  |
| White and Black African |  |  |
| White and Asian |  |  |
| Other Mixed background |  | Please write in\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Asian or Asian British** |  |  |
| Indian |  |  |
| Pakistani |  |  |
| Bangladeshi |  |  |
| Chinese |  |  |
| Other Asian background |  | Please write in\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Black** **or Black British** |  |  |
| African (Non Somali) |  |  |
| Somali |  |  |
| Caribbean |  |  |
| Other Black background |  | Please write in\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Other ethnic group** |  |  |
| Arab |  |  |
| Iranian |  |  |
| Iraqi |  |  |
| Kurdish |  |  |
| Turkish |  |  |
| Any Other |  | Please write in\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Preferred not to state |  |  |

**B GENDER**

Do you consider yourself to be:

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Transgender |  |
| None of the above |  |
| Prefer not to state |  |

**C AGE**

|  |  |  |  |
| --- | --- | --- | --- |
| 18-24 |  | 55-64 |  |
| 25-4 |  | 65+ |  |
| 35-44 |  | Prefer not to state |  |
| 45-54 |  |  |  |

**D DISABILITY**

Do you consider yourself to be disabled?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**E If Yes, how would you describe your disability?**

|  |  |
| --- | --- |
| Physical Impairment |  |
| Visual Impairment |  |
| Hearing Impairment |  |
| Deaf BSL User |  |
| Learning difficulties |  |
| Specific learning difficulties like dyslexia |  |
| Mental Health & emotional distress |  |
| Progressive disability/chronic illness |  |
| Autistic Spectrum Condition |  |
| Other |  |
| Do not wish to disclose |  |

**F Sexuality**

Which sexuality do you identify as:

|  |  |  |  |
| --- | --- | --- | --- |
| Gay |  | Lesbian |  |
| Heterosexual |  | Bisexual |  |
| None of the above |  | Prefer not to state |  |

**G Which Religion / belief do you most closely identify with?**

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Jewish |  |
| Christian |  | Muslim |  |
| Hindu None |  | Sikh |  |
| Prefer not to state |  | Other | Please write in\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**H Are you EX-ARMED FORCES PERSONNEL?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| Don’t know |  | Prefer not to state |  |

|  |  |
| --- | --- |
| **Date Form Completed** |  |