

Trans/Non-Binary Peer Mentoring Programme

MENTEE Application Form

For office use

*Client Code:*

*Date Received:*

*Assigned to:*

The Peer Mentoring Programme is a professional time-framed relationship between an experienced person (the Mentor) who shares knowledge, experience and insights with a less experienced person (the Mentee). Mentors act as supportive ear for those seeking advice and requires a commitment from both parties in order for the support to be beneficial.

Spectra will process and be in control of the data provided on this form.

The information which you provide in this form and any other information obtained or provided during the course of your mentoring with us (“the information”) will be used for the purpose of assessing your suitability for the service, in emergency situations e.g. to protect life or in a medical situation, and in relation to legitimate interests of our business.

If your application is successful, the information will form part of your mentee file and we will be entitled to process it for all purposes in connection with your case. Once you complete or leave our service, the information will be retained for a further 7 years, after which time it will be destroyed.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section at the end of this form. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner.

### *Thank you for your interest in being a Peer Mentor with Spectra.*If you need any help filling out this form, please contact the Trans Services Team on **trans@spectra-london.org.uk**

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| **MENTEE CONTACT INFORMATION** |
| **Name (First, Surname)** |  |
| **Preferred name** |  |
| **Email** |  |
| **Mobile Number** |  |
| **DEMOGRAPHICS** These details will be used for internal monitoring purposes only, to help us assess whether we are reaching all groups. These details will not be used, except in anonymous format, outside Spectra. |
| **Age Group: Under 25 26-35 36-50 Over 50 Age -**  | **Date of Birth:**  |
| **Address:** |
| **Borough:** | **Postcode:**  |
| **Ethnicity: Asian British Asian Indian Asian Pakistani Asian Other Chinese** **Black British Black Caribbean Black African Black Other** **White British White Irish White Other Mixed…………………..... Other…………………..** |
| **Sexual orientation: Gay Bisexual MSM Not sure Other:……………………** |
| **Gender Identity:** | **Male Female Non-Binary/ Trans\*/gender minority identity** **(Please state) ……………………………………………..****Preferred pronoun/s:**  |
| **Do you consider yourself to have any disabilities or neurodiversities?** **Yes (please state) : No** |
| **What is your employment status? (please state)** |
| **How did you find us? (Please provide detail. e.g. google, clinic Q)** |
| **Availability****Mentoring usually involves about an hours’ commitment each week, plus regular supervision. Which of the following are you usually be available for?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |

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| **The programme consists of several core modules which will cover; history sharing, identifying goals, personal & family relationships, and self-esteem and confidence. The optional modules are listed below, please indicate, which modules you would like to explore (please tick):**Health and wellbeing  Goal building and problem solving  Know your rights Sex and relationships  Navigating the health care system  Relearning gender Navigating Employment  Coming out and exploring individual gender identity  Sexual health for people of Trans experience  Who can help and where to find support  |
| **What do you hope to gain from being a Mentee?** |
| **Please tell us a little bit more about yourself. Do you have hobbies and interests? Do you work or are you studying?** |
|  **SIGN UP INFORMATION** |
| Spectra will retain a record of your name and contact detail in order to be able to communicate with you in relation to mentoring service and/or case management.Spectra does not share your personal data with third parties.You are confirming that you are consenting to the Spectra holding and processing your personal data for the following purposes (please tick the boxes where you grant consent):* **I agree that Spectra may keep me informed about news, events, activities and services of Spectra (note you can unsubscribe from us at any time).**
* **I agree that Spectra may keep me informed about news, events, activities and services of Spectra’s partner organisations.**

You may withdraw your consent for Spectra (data controller) to retain your personal data at any time by informing us tel: 08005878302 or email: **dataprotectionofficer@spectra-london.org.uk** **Signature: Date:*****You can find out more about how we use your data from our “Privacy Policy” which is available from our website: www.spectra-london.org.uk.*** |

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| **ADDITIONAL TRANS PROGRAMME SERVICES**  |

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| **SOCIAL GROUPS** |
| Social groups for trans, non-binary and questioning people offering a safe, trans-led space to meet, socialize, support, take part in activities, workshops and enjoy a variety of speakers. Each session includes social time, discussion and activities.Please Tick **☐ I am interested in attending Spectra social groups.** **☐ I am not interested in attending Spectra social groups.** |

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| **COUNSELLING** |
| The Counselling Service offers free, short-term one-to-one counselling and group counselling for people who identify as trans, non-binary or are questioning their gender identity. Counselling is a talking therapy and an opportunity to explore issues you are facing in your life in safe, confidential environment with a trained professional.Please Tick☐ **I am interested in Counselling.** ☐ **I am Not interested in Counselling.**  |

**Please return this form by emailing it to**

**Trans@spectra-london.org.uk**