

Peer Relationship – Peer Support Plus[©]

The charitable Object of Peer Support Plus is

To relieve sickness and preserve health of persons suffering from mental illness of any description or in need of rehabilitation and support as a result of such illness, in the Leeds Metropolitan District, by the provision of:

- Peer to Peer support.
- Educational workshops and courses on managing mental health illness and rehabilitation.
- Advice and guidance on living with mental health illness.

Peer

Means anyone who qualifies to benefit and seeks assistance by engaging in a Peer Relationship with Peer Support Plus.

To engage in a Peer Relationship with Peer Support Plus you will be

- (1) an adult, who
- (2) resides permanently or temporarily in the Leeds Metropolitan District; and
- (3) accepts responsibility for your own behaviour; and
- (4) is actively learning to self-manage your mental health; and
- (5) can benefit from participation in Peer Support Group Work.

Everyone who seeks to engage in a *Peer Relationship*¹ with Peer Support Plus must agree to accept personal responsibility for their behaviours, choices and actions, including: listening carefully when Peers relate their feelings and experiences; judging for themselves what might or might not be relevant; choosing what might or might not be appropriate to try and apply in their own lives; choosing when to attempt change; and accepting the consequences for better (or for worse).

We will encourage you to: take well managed risks; aim carefully to change things for the better; attempt one small step at a time; learn from your experience and take another step.

Our Documents (identified by italics) are published on our website peersupportplus.org.

Guidelines means our *Guidelines for Behaviour*¹ which describes the behaviours Peers, Volunteers, Employees, Members and Trustees of Peer Support Plus must aspire to when relating with one another and with the charity's Supporters, Partners and Suppliers. They are intended to help everyone feel safe, productive, valued, and equal. **Managing the Relationship** Peer Support Plus aims to support as many people as possible but our resources are limited, and we may not be able to support you.

You may end your Peer Relationship with Peer Support Plus at any time, as described in our *Peer Engagement Policy*¹.

Peer Support Plus may suspend or end its relationship with you at any time if our Trustees have good cause to believe you:

- no longer qualify to be assisted; or
- are failing to respect our *Guidelines for Behaviour*¹; or
- are not complying with our *Peer Engagement Policy*¹; or
- may be acting outside the law or contrary to the charity's Object.

Compliments and Complaints If your Peer experience exceeds or falls short of reasonable expectations, please use our *Comments, Compliments and Complaints*¹ procedure to tell us about it.

Privacy and Data Protection Peer Support Plus is committed to protecting and respecting your privacy and keeping your data secure. We require your informed consent to process your data see *Privacy Notice*¹. We will only process and retain your personal data as described in *Privacy Policy*¹ and *Records Management Policy*¹.

Personal Data To assist you we require ^R some information about you. We will use the information you provide to:

- Conduct our relationship with you.
- Help us ensure your safety and that of everyone you may come into contact with at Peer Support Plus.

Please provide us with your Personal Data using the form on the next three pages and send it along with the associated documents to:

Email <u>deliveryadmin@peersupportplus.org</u>

Telephone 07434 614 829

Or write to Delivery Admin, Peer Support Plus c/o 1 Elmete Close, Leeds LS8 2LD (our registered address)

If you would like us to print and post the documents to you, or if you have any questions about engaging in a Peer Relationship with Peer Support Plus, please contact the Delivery Admin Volunteer.

Form: Application to engage in a Peer Relationship with Peer Support Plus

Title ^R	First name R	La	Last name ^R		
Please indicate your preference for personal pronouns [Tick or Bold]:					
He/him □	She/her □	They/them □	Other \Box (ple	ease state)	
Address ^R					
Postcode ^R					
Phone number	. R	Alternative phone number			
Email address					
 ^R ✓ Would you like to subscribe to our <i>Newsletter</i>¹? We may use Newsletters to let you know about meetings, service interruptions, etc. □ No □ Yes [Tick or Bold] ^R ✓ Please let us know how we may contact you: 					
□ Po	st □ Email	□ Call Landline	□ Call Mobile	□ SMS [Text]	
Emergency contact details					
Name ^R R			Relationship to you ^R		
Address ^R					
Postcode ^R					
Phone number ^R			Alternative phone number		

Your contact details

Safeguarding ^R see Safeguarding Policy¹

✓ Are there any reasons why you cannot come into contact with Adults at Risk?

 \Box Can \Box Cannot – Please say why

Communications, physical access and health needs R

1. Do you have any communication needs (e.g. hearing, vision, dyslexia, information format, a communication professional, etc) that you feel we should know about?

 \Box No \Box Yes – What are your needs, and how can we help?

- 2. Do you have any physical access or health needs (e.g. wheelchair access, epilepsy, diabetes, asthma, allergies, etc.) that you feel we should know about?
 - \Box No \Box Yes What are your needs, and how can we help?

✓ Please tell us how you heard about Peer Support Plus

- □ Peer Support Plus website or social media.
- \Box From a family member or friend.

□ Leaflet or poster. Where did you see it? _____

□ From another organisation. Which? _____

□ From another website or social media. Which?

□ From another source. Which?

^R ✓ I apply to become a Peer at Peer Support Plus

□ I have read and will aspire to the *Guidelines for Behaviour*¹

□ I have read and accept the *Peer Engagement Policy*¹

□ I have read, signed and enclose my consent to *Privacy Notice*¹

□ I have completed and enclose my initial Self Evaluation¹

□ I have completed and enclose the *Diversity Survey*¹

□ I agree that I am personally responsible for my behaviours, choices and actions

Signed _____

PRINT NAME _____

Date _____

Notes¹ available on our website <u>peersupportplus.org</u>

^R required information

End