**Peer Training Registration Form**

**Name: Telephone Number**

 **…………………………………… …………………………..**

**Email:**

 **………………………………………………………….**

***Are you okay with me sharing this email with other Peer Support trainees and volunteers as part of peer information email circulars? Yes No***

* **Please state *where* you are able to do Peer Training.**

**Gloucester Training,**

**Stroud Training,**

**Cheltenham Training,**

**Forest Training.**

* **What (if any) Peer Support training have you already received?**

**…………………………………………………………………………………..**

* **What Peer Support training would you like to receive to make you more confident in the role of peer support volunteer?**

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* **Please state below if you would be able to attend monthly group supervisions & 1 to 1 support meetings every 6 weeks (after training has finished).**

**Monthly Group Supervision Meetings: Yes No**

**1 to 1 Support Meetings: Yes No**

Please return this form to:

**Simon Price.**

**Peer Coordinator.**

**Conway House**

**31 Worcester Street**

**Gloucester.**

**Gl1 3AJ**

**simon.price@independencetrust.co.uk**