



A MENTAL HEALTH SOCIAL MOVEMENT

8-10 WEST STREET, OLD MARKET, BRISTOL, BS2 0BH · 0808 808 9120
REGISTERED CHARITY #1085351 · OTRBRISTOL.ORG.UK

Peer Navigator (Yate) Application Form

Full Name:	
Date of Birth:	
Email address or phone number:	
Pronouns:	<i>She/her/hers They/them/theirs He/him/his Other</i>
Tell us about your interests and motivation in applying for the Peer Navigator role. We'd love to hear about your experiences, interests and passions (include specific interests that you would like to facilitate at the Hubs e.g. cooking, reading, sport, arts and crafts)	<i>Why do you want to work with OTR? What can you offer to OTR? What can OTR offer to you? (Maximum 300 words)</i>
The Hub runs Wednesday evenings from 3PM - 6PM. Will you be able to attend these regularly?	<i>Yes/No</i>
How did you hear about this opportunity?	<ul style="list-style-type: none">- <i>OTR social media</i>- <i>OTR website</i>- <i>Through a friend</i>- <i>At school/college/university</i>- <i>Other (please state)</i>
Please tell us if you have any accessibility requirements or if we need to make any adjustments (such as support with travel) to enable you to access this opportunity.	