

# Peer supporter application form



## Contact Information

Name	
Street address	
City and postcode	
Phone	
E-Mail Address	

## Some information about you

Please mark with an 'x' which applies best to your situation:

- I am living with, or beyond a brain tumour
- I am caring, or have cared for someone with a brain tumour

If patient, when were you diagnosed?	
If carer, when was the date of diagnosis for the person you care for?	
What is your relationship to the person with the brain tumour diagnosis?	

Please tell us why you think you will make a good peer supporter (no more than 100 words)

## Previous Volunteer Experience

Please briefly summarise any previous volunteer experience

## Referees

Please can you provide the names of two people willing to act as a referee for you. Please choose people who you have known for more than six months who are not related to you.

### First referee

Name	
E-Mail Address	
Relationship	

### Second referee

Name	
E-Mail Address	
Relationship	

### Signed

Signature	
Name (printed)	
Date	

Please post this form to brainstrust HQ, 4 Yvery Court, Castle Road, Cowes, Isle of Wight, PO31 7QG or scan and email it to [hq@brainstrust.org.uk](mailto:hq@brainstrust.org.uk) Thank you for your interest in volunteering with us.