



## **Independent Parental Supporter** **Application Form**

Name .....

Address (including postcode)

.....

Telephone Numbers (Day)

(Evening)

.....

Email address .....

Do you have any special needs requiring special facilities/support/equipment?

.....

.....

There will be some light refreshments throughout the course. Do you have any dietary requirements? If yes, please specify here.

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Occupation (if applicable)

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Have you previously worked as a volunteer, if so, in what capacity?

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Have you any experience in the field of special education, either on a personal or professional basis, e.g. parent, learning support assistant, teacher?

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Do you have access to a car? Yes/No

Are there certain days and times you would not be available to volunteer due to other commitments?

Please specify .....

Any other information you feel may be relevant (you may wish to include your reasons for wanting to be an Independent Parental Supporter).

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Once trained, you will be supporting parents, often in their own homes, who may be feeling vulnerable. Please give names and addresses of two referees who can support your application to be an Independent Parental Supporter.

1. Name

2. Name

Address

Address

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In what capacity do you know this person?

In what capacity do you know this person?

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How did you hear about the Parent Partnership Service?

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Please return the completed application form to:  
Rachel Jardine  
Staffordshire Parent Partnership Service  
Eastgate House  
79 Eastgate Street  
Stafford  
ST16 2NG

Telephone: 01785 356921  
[rachel.jardine@staffordshire.gov.uk](mailto:rachel.jardine@staffordshire.gov.uk)

*For information:* DBS checks will be carried out for all who volunteer for the  
SEND Family Partnership

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