

**CHURCH/ PARISH OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application for Mental Health and Wellbeing Advocate.**

**Please return to** [info@togetherinsussex.org.uk](mailto:info@togetherinsussex.org.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | | | |
| First Name |  | | |
| Surname |  | | |
| Date of Birth |  | | |
| Home Address |  | Postcode |  |
| Telephone number (day) |  | Telephone number (evening) |  |
| How long have you lived at this address? |  | | |
| If less than 12 months, please provide previous home address |  | Postcode |  |
| Church Attended |  | | |
| Name of Incumbent |  | | |
| **References** | | | |
| Reference 1 (Incumbent) | | | |
| Name |  | | |
| Address |  | Postcode |  |
| Telephone |  | Email |  |
| Reference 2 (External from church) | | | |
| Name |  |  |  |
| Address |  | Postcode |  |
| Telephone |  | Email |  |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**