



# Approved Provider Standard

A National Standard for  
Mentoring and Befriending

Application Form

Mentoring+  
Befriending  
Foundation



# Application Form

This application form is divided into the following three main sections:

## Section A APPLICATION AND CONTACT DETAILS

## Section B FACTS ABOUT YOUR ORGANISATION

## Section C PROJECT INFORMATION

The Mentoring and Befriending Foundation has produced Guidance Notes to help you

complete this form.

These explain the reasons why we require certain details from you.

They also indicate the kind of information we need for each section of the application form and provide examples of appropriate evidence.

**Please read the Guidance Notes carefully before completing any of this form!**

## Section A APPLICATION AND CONTACT DETAILS

### 1 Name of the organisation

Enter the name of the organisation submitting this application.

### 2 Contact address

Address:	
Postcode:	
Telephone:	Facsimile:
E-mail:	Website:

**3 Person to be contacted**

This should be someone with whom your application can be discussed and to whom any queries can be addressed.

Title:	First name:	Surname:
Position:		
Address: (if different from the one on the previous page)		
Postcode:		
Telephone:		Facsimile:
E-mail:		Website:

**4 Declaration**

Read the following carefully, and sign to indicate acceptance. This section of the application form should be completed by two individuals with the authority to commit the organisation to undertaking the Approved Provider process.

Authorised by Name:	Authorised by Name:
Designation within the organisation:	Designation within the organisation:
Signature:	Signature:
Date:	Date:

For Office Use Only	Unique No:	Date Received:
Please indicate if you would like your Evidence Portfolio Returned: Yes / No		

**Section B****FACTS ABOUT YOUR ORGANISATION****1 What type of organisation are you?**

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**2 Main activities and the work that you do**

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**3 Has your organisation achieved any other quality standards?**

If yes, please provide details below.

Name of Award	Name of Awarding Body	Date of Award	Review date

**Section C****PROJECT INFORMATION****Programme Aims and Structure****1 What is your mentoring or befriending project called?**

Enter the name of the project you wish to register for Approved Provider status.

**2 What is the purpose of your project?****3 What organisational and management structure is in place to support your project?****4 What support mechanisms are in place to ensure that staff overseeing the project are operating effectively?**

## Client Group

**5** To whom does your project provide services?

**6** How are your clients identified and referred to you for support?

**7** How are clients made aware of what the project involves?

## Recruitment and Selection of Volunteers

**8** How do you recruit your volunteers?

**9** What screening procedures and personal protection arrangements do you operate?

**10** What process is used for matching clients and volunteers?

**Volunteer Preparation, Training and Support**

**11** How do you prepare volunteers so that they can offer effective support?

**12** How do you provide on-going support for volunteers?**13** **Monitoring and Evaluation**

How do you monitor the progress of relationships and determine whether they are successful?

**14** How do you evaluate the effectiveness of your mentoring or befriending project?

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department for  
**education and skills**  
creating opportunity, releasing potential, achieving excellence