

Organic Food for All

For office use only:

Training date

Form received

Date confirmation sent



Applicant's details

Thank you for deciding to become a mentor for OFfA. Before you can start working with your community members you will need to complete the application form below and once accepted you will need to attend our initial training event.

To help you to get the most out of this training we need some information about your current experience of gardening. Please answer the questions below as accurately as possible. If you are unsure about any questions and want to discuss them with us then please contact us on the number at the end. We would value any comments you may have about the programme so please include those if you wish to do.

If someone else is filling this out for you due to literacy or English language barriers please give full details:

1. Your name

Address

Phone numbers: Daytime

Evening

Mobile

Email address

Name of place/area you plan to work in

2.

How long have you been growing					
		Please tick to show which place you grew each plant type in if applicable			
	How long have you been growing these for?	Outside	Greenhouse/ cold frame	Inside	Did you grow these in the UK or abroad?
Vegetables					
Fruit					
Flowers					
Other (please specify)					

3. Have you had any horticultural training before? Yes/No

If yes, please provide brief details

4. Have you ever provided training to a member of the community before? Yes/No

If yes please write brief details

5. We expect our mentors to work with us for at least one growing season and for a minimum of four hours each week. Do you know of any limitations that may affect you doing this? Yes/No?

If yes, please describe these limitations

6. What do you hope to get out of the training event?

7. What do you hope to get out of the OFfA programme?

8. All mentors will need to have a police check. Are you willing for us to get this? done? Yes/No

Please give details if you have any criminal records (ring us if you would like to discuss this section first)

The following questions are to enable us to fit you into an appropriate training event.

9. Do you have any disabilities? Yes/No

If yes, please provide details and the extent of your disability

10. Do you have any other medical conditions that we should be aware of e.g. allergies, diabetes, heart conditions? Please provide details in brief

Please read and sign the following statement

I agree that the information I have given above is correct

Please sign here.....

Your name in capitals.....

Date

Thank you for completing this form. Please send it to us at OFfA, HDRA, Ryton Organic Gardens, Coventry, CV8 3LG or email it to the address below.

If you wish to discuss any part of the form or programme please contact us on telephone 0845 064 1164 (switchboard 024 7630 3517) or email us at organicfoodforall@hdra.org.uk