

**Supplementary Information Form**  
**for**  
**Prospective Volunteer Bereavement Visitors**



Name..... Address.....  
.....  
.....

Tel. No ..... (Home)  
..... (Work)  
..... (Mobile)

1) **Why are you interested in helping people who have been bereaved?**


2) **What events or experiences have been important to you?**


3) **Have you had a major personal loss within the last two years? How did this impact on you and what might you still be dealing with?**  
(Redundancy/ bereavement/ divorce/ major illness)


4) **Please detail any relevant training or experience:**


5) **What philosophy, theory or personal beliefs do you hold to about grief and bereavement?**


6) **What do you think you personally might be able to bring to this work with people who have been bereaved?**


**Please return the application form(s) to:**  
**Dodie Graves, Bereavement Service Co-ordinator**  
**Compton Hospice**  
**Compton Road West**  
**Wolverhampton**  
**WV3 9DH.**

<b><u>For Office Use only:</u></b>		
Date of Interview:	References:	Date of Induction:
Date of Training:	Pass/Fail:	Starting Date: