

What is a Support Group?

Purpose of Cardiomyopathy UK Support Groups

- Opportunity to meet other people with cardiomyopathy and those supporting them.
- Safe, supportive environment for people to talk openly and confidentially about their experiences of living with cardiomyopathy.
- Opportunities to give and receive emotional support from others in a similar situation.
- To help new group members and newly diagnosed people who may be feeling particularly vulnerable.
- To make members aware of other Cardiomyopathy UK services, including the Nurse Helpline and the Telephone Peer Support Service.
- Signposting to other appropriate services and agencies where relevant.
- Raising awareness in the local area.
- Fundraising – whilst this is not the primary focus of our groups, many groups find this a fun way to socialise and to help to support the charity's work.

Who are our support groups for?

- People with the condition
- Loved ones/carers of people with the condition

Format and key elements of our support groups

- Minimum of six meetings a year to ensure continuity.
- Alternating between in-person and online meetings to ensure greater inclusivity.

Information – delivered by guest speakers (e.g. cardiologists, cardiac nurses, mental health practitioners, cardiac rehabilitation professionals) and through an information table showcasing a range of the charity's information resources.

Refreshments – an important opportunity for informal 'networking', sharing and peer support.

General discussion – time to talk about how things have been going for members with treatment, symptom management, etc. The group should be regularly reminded that what is shared in meetings must remain confidential.

Additional Social Activities - Some support groups organise additional social activities as a way of staying in touch and building relationships between meetings - short walks followed by a café visit, Christmas socials, coffee mornings, etc.

Volunteer Role Description: Support Group Leader

About this role

Our Support Groups give people diagnosed with cardiomyopathy and their loved ones the opportunity to find out more about their condition and to grow their support network.

The aim of the Support Group Leader is to organise 6 meetings a year (alternating between online and in-person meetings), with a range of guest speakers tailored to the needs of the group and a strong focus on community. You will receive full online training and continued support from the charity's Community Peer Support Manager.

Hours – flexible, but typically 5 hours a month.

Typical tasks include:

- Arranging the dates and venues for six meetings per year.
- Working with the Community Peer Support Manager to promote the group.
- Working with the Community Peer Support Manager to ensure new members' registration forms and post-meeting evaluations are returned in a timely manner.

What we're looking for:

Essential	Desirable
Good communication skills	Good written and IT Skills
Enjoys meeting people and has good active listening skills	
Good people management skills	
Empathic and approachable	
Is committed to running 6 groups per year	
Is available to respond to group members and other enquiries	
Is able to volunteer in accordance with our Statement of Expectation and relevant policies	

Support you'll receive

In addition to the charity's mandatory Peer Support Volunteer Online Training Course, 'On the job' support will be provided by the Cardiomyopathy UK Community Peer Support Manager – including an annual Support Group Leaders' Development Day.

All Support Group Leaders will be given the opportunity to be matched up with a more experienced Support Group Leader for peer-to-peer support.

Further development opportunities

You may wish to consider mentoring a new support group leader or becoming a Telephone Peer Support Volunteer.

Statement of Expectations

A shared and clear understanding of roles and responsibilities by both Cardiomyopathy UK and our volunteers is required if we are to provide our community with a consistent and reliable high-quality service. This document sets out these non-contractual expectations. It is not a contract and does not mean you are a “worker” of, or in employment in any sense for Cardiomyopathy UK. The expectations set out below are the agreed arrangements between community peer support volunteers and Cardiomyopathy UK. This agreement is binding in honour only.

All community peer support volunteers are expected to:

- Complete the charity’s Community Peer Support Volunteer online training course.
- Commit to an annual review of your volunteering.
- Commit to running a minimum of 6 support groups a year (support group leaders only).
- Discuss and seek to address any concerns about your voluntary work with Cardiomyopathy UK.
- Understand that unresolved concerns will be dealt with through appropriate procedures and that Cardiomyopathy UK has the right to end a volunteer’s role with the charity at any time.
- Read, sign and adhere to the organisational policies and procedures of Cardiomyopathy UK.
- Claim expenses and return all project paperwork in a timely fashion in line with our procedures.
- Assist the Community Peer Support Manager in reporting and evaluation to the funder.
- Give as much notice as possible of any intention to cease volunteering.
- Take part in regular supervision within the charity’s peer supervision framework.
- Undertake training and development.
- Conduct themselves in a manner in line with the values and purposes of Cardiomyopathy UK and not knowingly do anything that will harm, bring into disrepute or adversely affect the name or reputation of Cardiomyopathy UK.

Cardiomyopathy UK is expected to:

- Provide volunteers with the relevant organisational policies and procedures.
- Provide ongoing training and development.
- Provide support and supervision.
- Reimburse volunteer expenses in line with our procedures.
- Provide Public Liability Insurance to cover the running of support groups.

Community Peer Support Volunteer

I have read and agree with the contents of this document:

Name:

Signed:

Date:

Peer Support Volunteer Application Form

Please complete this form using BLOCK CAPITALS and sign the declaration at the end.

Information provided by you will be treated in strict confidence.

Surname:	First name(s):
Title: Mr / Ms / Mrs / Miss	Home phone:
Home address:	Mobile phone:
	Email address:

Please tick any of the below areas of peer support volunteering which may be of interest to you:

- Helping run a support group located in _____
- One-to-one telephone peer support
- I don't know at this stage

Why do you want to volunteer with Cardiomyopathy UK?

Do you have any previous/current volunteering experience?

If yes, please give details below:

How much time can you offer for volunteering at Cardiomyopathy UK?

More about you

Are you currently employed? Yes, full time Yes, part time No

What are your interests/hobbies?

Can you use a computer? Yes No

If 'yes', please give details below (e.g. 'spreadsheets'):

Are you happy answering the phone/making calls? Yes No

Is there anything that you would prefer not to do? Yes No

If 'yes', please give details below:

Skills, employment background, special/professional qualifications

(Please summarise below or include a copy of your CV if preferred)

Referees

Please give the names and addresses (and email addresses if possible) of two referees known to you, other than relatives. These may be character references.

Name: Address: Email:	Name: Address: Email:
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SUPPORTING INFORMATION

Use the space below to provide any further information which you think may be useful to us:

DECLARATION

To the best of my knowledge all the information I have given is true. I give my consent for my personal information to be processed in relation to my application for volunteering in line with the requirements of the Data Protection Act.

I understand the information given in this form will only be used in relation to my application for volunteering. By signing this declaration I am giving my express consent for you to retain and process this information under the Data Protection Act 1998.

Signed: _____ **Date:** _____

For the good of our environment, please return your completed form **by email** to:
christie.jones@cardiomyopathy.org

(If you are having issues completing the form electronically, please send a brief email to the address above and we will provide a mailing address for our offices)