cid:image001.png@01CB21CE.2B55BD50 Student Ambassador Application Form 2019/2020

## CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** (Miss/Mrs/Mr/Ms/Dr) |  | | |
| **First Name** |  | | |
| **Surname** |  | | |
| **Student ID number** |  | | |
| **University campus** |  | | |
| **Degree programme** |  | | |
| **Year of study** (1st/2nd etc.) **and graudation year** |  | | |
| **Street address** |  | | |
| **Town/City/County** |  | | |
| **Country** |  | **Postcode** |  |
| **Telephone number** |  | **Mobile number** |  |
| **Email address** (one that you actually use) |  | | |

## EDUCATION HISTORY

|  |  |
| --- | --- |
| **Highest qualification on entry** |  |
| **Previous School / College attended** |  |
| **Qualification type, subjects studied and grades**  (e.g. BTEC Level 3 Extended in Business, DDM) |  |
| **Do you speak any foreign languages?** (Please indicate which language and at what level) |  |

## AVAILABILITY

## During which hours are you generally available to work as a student ambassador? (Please circle, highlight or delete as appropriate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| Mornings ***(9am-12pm)*** | Mornings | Mornings | Mornings | Mornings | Mornings |
| Afternoons ***(12pm-5pm)*** | Afternoons | Afternoons | Afternoons | Afternoons | Afternoons |
| Evenings ***(5pm-9pm)*** | Evenings | Evenings | Evenings | Evenings | Evenings |

## RIGHT TO WORK

|  |  |
| --- | --- |
| **Do you have proof that you have the right to work in the United Kingdom?** (E.G. British/EU passport, Tier 4 visa with work permitted) |  |

## WORK INFORMATION

|  |  |
| --- | --- |
| **Please give some details and dates of your most recent paid employment** |  |
| **Give an outline of your roles and responsibilities** |  |

## PERSONAL STATEMENT

***Please tell us why you would like to be a student ambassador, including details about relevant interests, personal experiences, skills and experience so that we can consider you for this role.***

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|  |

## REFERENCES

*Please supply us with the name and address of a referee. Suitable referees would be someone such as a tutor or an employer.* ***A referee should not be a friend or relative.***

**Referee 1**

|  |  |
| --- | --- |
| **Name** |  |
| **Job title** |  |
| **Home phone** |  |
| **Work phone** |  |
| **E-mail address** |  |

**Referee 2**

|  |  |
| --- | --- |
| **Name** |  |
| **Job title** |  |
| **Home phone** |  |
| **Work phone** |  |
| **E-mail address** |  |

## DISABILITY

At the University of Westminster, we are committed to equal opportunities\*. Please tell us if you have any disabilities or learning difficulties (such as Dyslexia, Dyspraxia, ADHD).

**Circle or delete as appropriate:**

|  |  |
| --- | --- |
| **YES** | **NO** |

If **YES** is indicated, please tell us the nature of this Disability:

|  |
| --- |
|  |

## AGREEMENT & SIGNATURE

*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student ambassador, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the scheme.*

## Data protection: I agree to the University and the Ambassador Scheme recording, sharing and processing this information about me. This information may be disclosed in accordance with the Data Protection Act. I understand that this information will be used only for the purpose of the Ambassador Scheme, and my consent is conditional upon the University complying with its duties and obligations under the DPA.

|  |  |
| --- | --- |
| **Name (printed)** |  |
| **Signature** | [email signature accepted] |
| **Date** |  |

\*It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.