

BELIEVE AMBASSADOR

Application Form

| Contact Information | | | | |
| --- | --- | --- | --- | --- |
| First Name |  | | | |
| Last Name |  | | | |
| Address:  Post code: |  | | | |
| Email address: |  | | | |
| Home Tel No: |  | | | |
| Mobile No: |  | | | |
| Best form of contact: please select as many as possible. | SMS | Home | Mobile | Email |
|  |  |  |  |

| Do you have a current DBS check?  (within the last 6 months)  If yes, please give details, | YES / NO | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Certificate number: | | |  | | |
| Date of Issue: | | |  | | |
| Please describe why you want to be a Believe Ambassador. For example, how it links to your existing role, or career development plans. |  | | | | | |
| Do you intend to attend online or in person? |  | | | | | |
| Payment details | Contact details for invoice if not you, including name | | |  | | |
| Purchase order number if applicable | | |  | | |
| Do you need a payment plan arranging, please select your preference | 2 monthly payments | | 3 monthly payments | | 4 monthly payments | |
|  | |  | |  | |

| My signature confirms that all the information given on this application form is true and complete.  Signature  Date |
| --- |

Please return this form to:

HR Department

54-64 Beech Drive, Wistaston, Crewe, CW2 8RG

OR

Email: [hr@motherwellcheshirecio.com](mailto:hr@motherwellcheshirecio.com)