

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.SignatureDate |
| --- |

Please return this form to:

HR Department

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

OR

Email: hr@motherwellcheshirecio.com