

STUDENT AMBASSADOR APPLICATION FORM

(Please ensure you complete all parts of the form)



PERSONAL DETAILS

First Names:		Surname:	
Date of Birth:		Do you require a work permit to work in the UK?	
Home Address:		Term Time Address:	
Post Code:		Post Code:	
Telephone Number:			
Mobile Number:			
E-Mail Address:			
University Student Number:			
Name and Region of Sixth Form / College previously attended and course studied e.g. A Levels, BTec National Diploma:			
Has either of your parents or brothers/sisters been to University? If so, who?			
What is your father/carers occupation now?			
What is your mother/carers occupation now?			
If you have any unspent criminal convictions, please disclose below:			
Do you have a full clean driving licence?		YES / NO	
Do you have access to a car?		YES / NO	

UNIVERSITY EDUCATION

What course are you studying?
Department:
Year of Study:
Will you be here next academic year? (2009/10) YES / NO
Please list the skills you can bring to the role: (Please tell us why you feel you would be an ideal candidate for the role of student ambassador – please include relevant qualifications and experience).
In a maximum of 2 sentences please say what the 'University of Bolton' means to you.
Type of activity interested in: University Open Days / Advice Days / Enrolment: Yes / No Working with School / College students: Yes / No Mentoring School/College students: Yes/No Visiting your old school or college: Yes / No Student life presentations: Yes / No Clearing / Call Centre: Yes / No

Visits to School / Colleges / HE Conventions:

Yes / No

Contribution to promotional activity (student profiles etc)

Yes / No

EQUAL OPPORTUNITIES MONITORING FORM

The University of Bolton is committed to a policy of Equal Opportunities in all aspects of its operations. Therefore, one of our aims is to ensure that no *participants* face discrimination on grounds of race, age, sex, disability and/or any other relevant distinction. This list is not an exhaustive one and although a section of the University's population may not be mentioned above, that does not mean they are not covered by this policy.

The information collected on this form will not be used for any purpose other than to *ensure compliance* with the University's policy on Equal Opportunities.

Gender	
Male	Female
Ethnicity	
White – British <input type="checkbox"/>	Chinese/Other Background Chinese <input type="checkbox"/>
White – Irish <input type="checkbox"/>	Other Asian Background <input type="checkbox"/>
Other White Background <input type="checkbox"/>	Mixed – White and Black Caribbean <input type="checkbox"/>
Black or Black British <input type="checkbox"/>	Mixed – White and Black African <input type="checkbox"/>
Black or Black British – Caribbean <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/>
Other Black Background <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>
Asian or Asian British – Indian <input type="checkbox"/>	Other Ethnic Background <input type="checkbox"/>
Asian or Asian British – Pakistani <input type="checkbox"/>	
Do you have a disability? Yes/No	
Will you require specific support to take part in this programme? Yes/No	
Please provide details of the specific support you may require in order to fully participate in this programme of activities e.g. alternative formats, loop system etc.	

Please give contact details of a person from whom a reference can be sought (e.g. course tutor)

Name:		Position:	
Address:			
		Postcode:	
Telephone:			
Email:			

I hereby give my permission for my referee to be approached for a reference and for my details to be kept on file and circulated to other University Departments in connection with other similar opportunities. I understand that it is a condition of some of this work to have an enhanced CRB check undertaken as to my suitability for working with children. I give the University of Bolton permission to pass on my details to a third party to process my CRB Check. I hereby certify that to the best of knowledge the details provided in this form are correct and I understand that should I conceal any material fact, if appointed, the University of Bolton may decide to terminate my involvement with any of the Student Ambassador roles I am involved in.

Signed:

Date:

On Completion please return to:

Ros Birch
Aimhigher Project Coordinator
Marketing and Communications
University of Bolton
Deane Road
Bolton
BL3 5AB

Or hand in to a member of staff in the Student Information Centre, Eagle Mall.

If you would like more information about the University of Bolton Student Ambassador scheme, please contact Ros Birch on 01204 903814 or email R.Birch@bolton.ac.uk