

# Care Ambassador Application Form



Thank you for your interest in becoming a Care Ambassador. Please complete this form to register your details and return it to the address at the bottom of the page.

<b>Surname</b>		<b>First name</b>	
<b>Title</b>		<b>Tel no</b>	
<b>Email</b>			
<b>Address</b>			
<b>Current job role</b>			
<b>Previous care experience</b>			
<b>Other relevant experience</b>			
<b>Do you have any special requirements?</b>	e.g. wheelchair access, Braille, large print documents		
<b>Name of employer</b>			
<b>Address of employer</b>			
<b>Tel of employer</b>		<b>Email of employer</b>	
<b>Times available</b>		<b>Preferred geographical area</b>	
<b>Do you have your own transport?</b>			
<b>Qualifications</b>			
<b>What do you most enjoy about your work?</b>			
<b>What attracts you to becoming a Care Ambassador?</b>			
<b>I have discussed the application with my employer and I give my permission for my employer to be contacted (If applicable) (Please sign)</b>			

Skills for Care NE, DBH Business Centre, Coxwold Way, Billingham, TS23 4EA  
Tel: 01642 345681, Fax: 01642 345669