



Nomination Form

Employer Details

Organisation:

Contact Name:

Tel / Email:

Type of service provided:

Potential Care Ambassador Details

Name:

Contact Tel / Email:

Job Role:

Qualifications held or working towards:

Brief career history/related experience:



What qualities do you feel this person could bring to the Care Ambassador Scheme?



Which aspects of the Scheme do you think will be most beneficial to your organisation?



If you are unable to volunteer a Care Ambassador, would you be interested in facilitating a program of work experience?



Have you been involved with any work experience programs before?
If yes, please give details...



Would you be prepared to engage with people less than 18yrs within your establishment for work experience?
If no, please give reason...





For the Employee

Can you briefly say why you would like to be involved with the Care Ambassador Scheme?

Employer Endorsement

I am pleased to nominate this member of staff for consideration as a Care Ambassador and confirm I will support them as necessary:

Name of Employee:

Signed on behalf of employing organisation:

Name /Organisation:

Date:

Please return this Application form to:

Katie Bennett

Arena Business Centre,
9 Nimrod Way,
Ferndown Industrial Estate,
Wimborne, Dorset, BH21 7SH

**If you should have any queries regarding this scheme please contact
Katie on: 01202 862441 or 07717 773520 or via katie@picbdp.co.uk**