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| Application Form  |
| Geography Ambassador (Undergraduate) 2014-15  |

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| **Forename**  |   | **Surname**  |   |
|  |
| **Address** |
| Line 1 |   |
| Line 2 |   |
| Line 3 |   |
| Town |   |
| County |   |
| Postcode  |   |
|   |
| **Mobile Number**  |   |
| **Email Address**  |   |
|   |
| **University**  |   |
| **Course Title**  |   |
| **Year of Graduation**  |   |
|   |
| **Do you have experience working with children?**  | Yes/No |
| **If yes, please give brief details.**  |   |
| **Do you hold a current CRB/DBS check?** (N.b. this is not a requirement of the scheme)  | Yes/No |
|   |
| **Why would you like to be part of the Geography Ambassador scheme? [200 words maximum]** |
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| **Which training session would you like to attend?**  |   |
|   |   |   |   |
| **What career(s) are you currently considering (if any)? Please choose from the following options:**  |
| Development and Global Issues |  |
| Society |  |
| The Business World  |  |
| Travel, Tourism and Leisure |  |
| The Built Environment  |  |
| Geographical Information Systems  |  |
| The Physical Environment  |  |
| Policy and Government  |  |
| Teaching and Education  |  |
| Further Study  |  |
| Other (please specify)  |  |
|   |   |   |   |
| **Are you a current Fellow or member of the RGS-IBG?**  | Yes/No |
|   |   |   |   |
| **Do you consider yourself to have a disability?**  | Yes/No  |
| When answering this question, please note that under the Disability Discrimination Act 1995, a disability is described as 'a mental or physical impairment that has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activity.' Please tick the description(s) that best describe your impairment:  |
| Dyslexia or Dyspraxia  |   |
| Hearing Impairment |   |
| Speech Impairment  |   |
| Visual Impairment  |   |
| Limited Mobility  |   |
| Mental Health Problems  |   |
| Other disability or condition (please specify)  |   |
|   |
| **Declaration**  |
| By becoming an active participant in the RGS-IBG Geography Ambassador scheme I commit to undertake at least five Ambassador sessions over the coming year, the first of which must take place within six months of training. To the best of my knowledge the information I have provided on this form is accurate. I will inform the RGS-IBG if any details change.  |
| **Signature** (electronic):  |   | **Date**: |   |
|   |
| The information you have provided on this form will be held by the RGS-IBG on a computer in accordance with the Data Protection Act (1998) and will be used for administrative purposes in relation to this voluntary position and future relevant opportunities. We will not disclose your details to any third parties.  |
|   |
| **Please return this form electronically to both Simon Faulkner (Coordinator: Ambassador Programme),** **s.faulkner@rgs.org** **& Maryam S-Draper (Education Assistant),** **m.sdraper@rgs.org** |
| **T** +44 (0)20 7591 3050 **W** [www.rgs.org/ambassadors](http://www.rgs.org/ambassadors)  |
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