

 nice

Ambassador

SCHEME

**Thank you for your interest in
volunteering to be a NICE Ambassador.**

Please complete this form in block capitals and send to Louise Watkins,
Fundraising & Marketing Manager at NICE, Centre for Movement Disorders,
Cannon Hill House, Russell Road, Moseley, Birmingham, B13 8RD or complete
electronically and email to lwatkins@conductive-education.org.uk. If you require
any further information then please email Louise or call 0121 442 5559.

Application Form

About You

Title _____ First Name _____ Last Name _____

Address _____

Postcode _____

Email Address _____ Mobile Tel _____

Date of Birth _____ Medical/Additional Needs _____

Your Experience

Please tell us about your experience, employment history
and how you would like to contribute to NICE's mission

Area(s) you are happy to cover as a NICE Ambassador

Please tell us about any specific needs you would like us to take into account

References

Please provide details of two referees who are not related
to you and have known you in a professional capacity:

Title _____ First Name _____ Last Name _____

Job Title _____ Relationship To You _____

Organisation _____ Address _____

Postcode _____

Email Address _____ Mobile Tel _____

Title _____ First Name _____ Last Name _____

Job Title _____ Relationship To You _____

Organisation _____ Address _____

Postcode _____

Email Address _____ Mobile Tel _____

How did you hear about NICE's Ambassador Scheme? _____

Signature _____ Date _____