



# Student Ambassador Application 2019/2020

Please return your completed application form the Student Experience Team – Good Luck

First name:  Surname:

Student Number:  Date of birth:

Course & Campus:

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Please explain how becoming a Student Ambassador would benefit you and what you could bring to this role – *please ask your teacher for support in completing this application if required:*

## Terms & Conditions of Student Ambassador Role

By completing this application, you agree that:

- You will support 10 events in the academic year, in agreement with your Head of Student Support.
- You will work with your Student Experience Safeguarding Practitioner (SESP) to develop your skills and review your progress.
- Continuing of the role into terms 2 & 3 will be subject to you reviewing your progress with your SESP.

**By signing and submitting this application, you agree to these terms & conditions.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_