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**Application Form for**

**Healthy Food Made Easy Peer Leader**

**Training Programme**

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| **Please return 2 copies of this application form with either your CV or Resume by Post to:** |
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| **1. Personal Details:** | |
| **Surname:** |  |
| **Forename(s):** | **Home Tel. No.:** |
| **House Number / Name:** | **Mobile Tel. No.:** |
| **Street/Road:** | **Email address:** |
| **Town:** | **County:** |
| **Where did you hear about this training?** |  |

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| **2. Are you currently (please tick)** |
| **Looking after home/ family □**  **In training □**  **In paid Employment □**  **Other □** |

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| **3. Why would you like to become a HFME Peer leader?**  **(Please include the qualities you feel you can bring to the position)** |
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| **4. Education Details (if applicable)**  **Please provide evidence of education if received** | | | |
| Dates | Institution | Full or Part Time | Qualification |
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| **Please provide details of any other relevant training or qualifications (if applicable)** | | | |
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| **5. Work Experience**  **Please provide details of previous work experience (including any voluntary work)** |
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| **6. Local/Community involvement**  **Please provide details of your involvement (if any) in community, voluntary, cultural and sporting activities that you feel are relevant:** |
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| **7. Referee Details:**  **Please provide details of 2 relevant referees.** **Referees will not be contacted without your consent.** | |
| **Referee 1:** | **Referee 2:** |
| Name: | Name: |
| Full Address: | Full Address: |
| Current Occupation: | Current Occupation: |
| Relationship to You (i.e. Employer, Manager,  Friend): | Relationship to You (i.e. Employer, Manager, Friend): |
| Telephone:  Email: | Telephone:    Email: |

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| **Please confirm that you can attend the training on the following dates:**  **January 13th, 14th, 15th (1 day week of 27th Jan exact date TBC) & February 6th 2025**  **Time: 10am - 4pm each day**  **YES □ NO □**  **Have you access to a car/van for transport to and from course venues?**  **YES □ NO □** | |
| **8. Declaration:**  **To the best of my knowledge, the information I have supplied on this form is correct. I understand that providing false information or omitting relevant information could disqualify my application.**  **Employment following successful application and training is on a contractual basis and applicants will be asked to provide a Tax Clearance Number** | |
| Signed: | Date: |

**Please return to**

**no later than 1pm on Monday 16th December 2024**

**YOU MUST BE AVAILABLE TO ATTEND FOR INTERVIEW ON THURSDAY 19TH DECEMBER 2024 (online option available if cannot attend in person)**

   