

Registration of Interest Bradford for Everyone - Ambassadors

Before completing this form please read the 'Ambassador Role Profile'.

Please complete digitally and answer all of the questions.

1. About you

Full name:	Address:
Email:	
Phone:	
Preferred method of contact:	Post code:

2. Statement of interest

Please tell us why you would like to become a *Bradford for Everyone Ambassador*, how you could benefit the group, and what you feel you might be able to learn from being an Ambassador:

3. Commitment & Support

	Yes		Yes
Please confirm that you can commit to a minimum of three hours every three months.	<input type="checkbox"/>	Please confirm that you are happy to undertake relevant training recommended by the <i>Bradford for Everyone</i> team?	<input type="checkbox"/>
Please select below if you would need support with any of the following:			
Language (signing, translating etc.)	<input type="checkbox"/>	Childcare / adult care	<input type="checkbox"/>
Mobility / access	<input type="checkbox"/>	Other	<input type="checkbox"/>
Specific dietary requirements:			
If you have ticked 'yes' regarding support, please tell us more:			

4. Skills

What skills can you bring to the Ambassadors group?

Skills	Yes	With help	Skills	Yes	With help
Communications	<input type="checkbox"/>	<input type="checkbox"/>	Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	Taking initiative	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	Financial capability	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and innovation	<input type="checkbox"/>	<input type="checkbox"/>	Organizing and planning	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	Negotiating and influencing	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

5. Declaration of interests

Please give details of any boards or organisations you are **currently** involved with (in a paid or voluntary capacity)

Organisation/Board	Please describe your role and involvement

6. Reference(s)

Please provide details of **at least one person** who can provide a reference for you. Referees can be a friends, colleagues, managers or other professionals.

Reference 1	Reference 2
Full Name:	Full Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:
Relationship to you:	Relationship to you:

Please **sign below** to confirm that the information you have provided is correct, and that you consent to it being stored (as described below):

Name _____ Sign: _____ Date: _____

5. Monitoring & Your Personal information

Why we collect this information

Bradford for Everyone (part of Bradford Council) collects this information to help us ensure that the Ambassadors group is representative of the people that make up our district. The data we keep is anonymised for reporting purposes and held on secure servers.

If your application to become an Ambassador is successful, we will need to store your personal details securely in order to satisfy and meet our funding requirements and to ensure the group is as diverse as possible. We will store your information on Bradford Council servers and in our Upshot secure database. If your application to the Ambassadors group is unsuccessful we will add you to the *Bradford for Everyone Network* which includes storing your data in a secure database called "Upshot". We will keep such information no longer than six years.

How would you describe your gender?					
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Intersex <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
What is your sexuality?					
Heterosexual ('Straight') <input type="checkbox"/> Homosexual (Gay or Lesbian) <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Pansexual <input type="checkbox"/>					
Prefer not to say <input type="checkbox"/> Other (Please state):					

How would you describe your Ethnicity?			
White English	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White Northern Irish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Scottish	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	Black African	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Any other Black/African/Caribbean background	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Arab	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Gypsy/Romany/Irish Traveler	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Other ethnic group _____	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Indian	<input type="checkbox"/>		

How would you describe your Nationality?
What is your Country of Birth/Origin?
How long have you lived in the UK?
How long have you lived in Bradford District?

Do you have a Religion or Belief?				
No Religion <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Jewish <input type="checkbox"/>
Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>			
Other (Please state)				

Do you consider yourself to have a disability or long-term health problem?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registered Disabled <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
How old are you?			
16-17 <input type="checkbox"/>	18 – 29 <input type="checkbox"/>	30 – 49 <input type="checkbox"/>	50 – 64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75+ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Date of Birth (DD/MM/YYYY)	___ / ___ / _____		

Languages	Spoken	Written
English	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>	<input type="checkbox"/>
Slovak	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Other language spoken or written (please state):		

What to do next

Please email your completed application form to: hello@bradfordforeveryone.co.uk

If you need to submit your form on paper please send it to: *Bradford for Everyone, 5th Floor, Sir Henry Mitchell House, 4 Manchester Road, Bradford, BD5 0QL*

If you have any questions about the role, or if you require this document in an alternative format, please contact us by email at hello@bradfordforeveryone.co.uk