**Language Ambassador Application**

***(Widening Participation)***

**Deadline:** Sunday 21st October 2018, Midnight

Email completed application form to routes@soas.ac.uk

**or** hand into/post to Room RG01, SOAS University of London

*PERSONAL INFORMATION & EDUCATION HISTORY*

**Name:**

**Date of birth:**

**Telephone contact number:**

**Email** *(please complete in block capitals)*:

**University**

**Degree programme and year of study:**

**Study prior to university** *(please tick as appropriate):*

A levels (*please specify subjects studied*):

Access

Other (*please specify*):

**At which school/college did you complete the above qualifications?**

**At which school/college did you complete your GCSEs (or equivalent)?**

**If you attended primary school in London, please indicate which school, and the area/borough in which it is located:**

**What languages can you speak?**

**Are you the first in your family to go to university?** Yes / No

**Have you previously been eligible for Free School Meals?** Yes / No / Not applicable

**Have you previously been in care?**  Yes / No / Not applicable

*SUPPORTING INFORMATION*

**Why would you like to be a language ambassador?**

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 **Why do you feel you are suitable to be a language ambassador?**

*(please mention any relevant experience you may have -particularly working with young people)*

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**What interests / hobbies / skills do you have?**

*Please mention any volunteering experience you have gained*

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*REFERENCES*

*Personal Tutor / Lecturer*

Name:

Address:

Email:

*Teacher / Previous Employer*

Name:

Address:

Email:

*IMPORTANT*

* Protection of children: Disclosure of criminal background is required of those with substantial access to children. You are required to give details as this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) order 1986.
* The Widening Participation Language Ambassador programme is not open to anyone who has been convicted of a criminal offence against a child
* Have you ever been convicted or cautioned of a criminal offence? Yes / No
* If YES, please provide details of the Offence, the Sentence and the Date:

As well as events, the Widening Participation Language Ambassador Programme consists of an interview and training, obtaining an Enhanced DBS Check if applicable, and an evaluation form/interview at the end of your involvement. Please read the statement below and sign:

I am willing to accept the terms of the Widening Participation Language Ambassador programme.

**Signature:** **Date:**

*EQUAL OPPORTUNITIES MONITORING FORM*

Please fill in this form so that we can monitor the implementation of our Equal Opportunities Policy. The answers you give in this section will be used for monitoring purposes only.

Age:

Gender: **Male / Female** *(delete as appropriate)*

Are you an international student? **Yes / No** *(delete as appropriate)*

What is your ethnic origin?

*Please indicate which group you feel best describes your ethnic origin by ticking* ***only one*** *of the options below*

**White**

**Gypsy or Traveller**

**Black or Black British – Caribbean**

**Black or Black British – African**

**Other Black background**

**Asian or Asian British – Indian**

**Asian or Asian British – Pakistani**

**Asian or Asian British – Bangladeshi**

**Chinese**

**Other Asian background**

**Mixed – White and Black Caribbean**

**Mixed – White and Black African**

**Mixed – White and Asian**

**Other Mixed background**

**Arab**

**Other Ethnic background**

**Prefer not to say**

This Disability Discrimination Act 1995 defines a disabled person as someone who has:

*“A physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities.”*

Taking the above statement into account, do you regard yourself as a disabled person: **Yes / No**

**THANK YOU FOR YOUR CO-OPERATION**