# Aspiring Business Managers Programme 2014-15

# APPLICATION TO PARTICIPATE

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant: | | | | |  | | | | | |
| Job title: |  | | | | | | | **Time in post:** | |  |
| Name of School: | |  | | | | | | | | |
| School Address: | | |  | | | | | | | |
| School telephone: | | | |  | | | Mobile: | |  | |
| Contact e-mail: | | | |  | | | | | | |
| *What is your motivation for applying for the ASBM programme?* | | | | | | | | | | |
|  | | | | | | | | | | |
| ***Please give a short statement to support your suitability for this programme*** | | | | | | | | | | |
|  | | | | | | | | | | |
| *Please list any relevant qualifications and training to support your application* | | | | | | | | | | |
|  | | | | | | | | | | |
| Your CRB/DBS Number: | | | | | |  | | Date of issue: | |  |

**EXPERIENCE**

**Please give details of your previous experience in the following areas of a School Business Manager’s role.**

*\*It is not a requirement that you have experience in every area*

|  |
| --- |
| ***Human Resources*** |
|  |
| ***Finance*** |
|  |
| ***Health & Safety (Including Risk Assessment)*** |
|  |
| ***Facilities Management*** |
|  |
| ***Project Management*** |
|  |
| ***Marketing & Communications*** |
|  |
| ***Office Administration*** |
|  |

**WRITTEN AGREEMENT**

|  |
| --- |
| Headteacher Supporting StatementI agree to release \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Aspiring Business Manager programme which will include 3 individual workshop days and up to three mutually agreed study/placement days. The candidate will require access to relevant information in our school to support the programme of study.I confirm that the school’s Governing Body has been informed of his/her proposed participation in the programme.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Headteacher **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| Declaration by the applicant I undertake to agree the protocols, to abide by them, to respect confidentiality and to adhere to the systems and processes of my school and any host school.  Please indicate any medical conditions or special requirements you may have to allow you to fully participate in the programme:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |