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**HNY Ambassador Programme**

**Employer Registration Form**

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| **Employer Details** |  |
| **Lead contact for the Ambassador Scheme (name and email address)** |  |
| **Named Ambassadors (including email address and role)** |  |
| **Where in HNY** |  |
| York and North Yorkshire |  |
| Hull and East Riding |  |
| North and North East Lincs. |  |
| Other |  |
| **What Activity?** |  |
| Talk |  |
| Interactive Group Activity |  |
| Guided workplace visit |  |
| Media/Publicity |  |
| Mentoring new staff |  |
| Supporting a work experience opportunity |  |
| Supporting an information stand |  |
| Work Experience  |  |
| Anything else? |  |
| **Which roles can you offer activities in?** |  |
| **Who to?** |  |
| Children/Young people |  |
| Adults |  |
| Careers, employment and education professionals |  |
| **Notification period for activity** |  |
| **Any other information please detail** |  |

**Please return this form to**

hnyicb.ambassadors@nhs.net