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**HNY Ambassador Programme**

**Request For Ambassador Support**

*Schools/Colleges/Careers Advisers etc. - Please complete the details below. The information should relate to any Ambassador Activity which is required. Please provide as much time as possible between the request and the proposed activity.*

|  |  |
| --- | --- |
| **Requesting organisation details** |  |
| **Lead contact (name and email address)** |  |
| **Date required** |  |
| **Where in HNY** |  |
| York and North Yorkshire |  |
| Hull and East Riding |  |
| North and North East Lincs. |  |
| Other |  |
| **What Activity?***Please give as much detail as possible* |  |
| 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? |  |
| **Who to?** |  |
| Children/Young people |  |
| Adults |  |
| Careers, employment and education professionals |  |
| **Any other information please detail** |  |

**Please return this form to**

hnyicb.ambassadors@nhs.net