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**Northern Roots**

**Trainee Beekeeper Application Form-  
Individuals**

Please submit your completed form to [Northern.Roots@oldham.gov.uk](mailto:Northern.Roots@oldham.gov.uk) by **Friday 26 June 2020.**

**INdividual DETAILS**

**Please give your personal details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone Number |  |
| Email |  |
| How do you currently spend your time? (eg. occupation, caring for children, training, retired, volunteering, other). |  |
| Please inform us of any access requirements, health conditions, including allergies that we should know about. |  |
| Session preference and reasons. |  |
| If you wish us to link your application to another applicant please state their full name. (Family member, work colleague etc) |  |

**Project DEtAILS**

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| 1. **Interests** |
| *Please explain your interest in this project, for example, what draws you to beekeeping, what interests you about learning how to care for bees? (200 words max)* |

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| 1. **Outcomes** |
| *2.1 How will you benefit from learning how to care for bees and from participation in the project? (max 100 words)*  *2.2 How will your participation in the project potentially benefit the communities you live in or connect with? (this may be a community of place, interest, or similar affiliation)*  *(max 100 words)*  *2.3 How will you ensure you gain the most from this training opportunity? What are your plans and goals on completion of this training? (Max 200 words)* |

**References**

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| **References** |
| Please detail 2 references that we can contact to confirm your suitability for this training programme. Please include at least one person that knows you in a professional manner, for example a previous employer, or an educator. Please do not include family members or close friends as references.  Name:  Email address:\* Telephone:  Connection to you:  Name:  Email address:\* Telephone:  Connection to you:  \*We prefer email address for speed, however please include a postal address if there is no email. |

**Confirmation Of Commitment**

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| 1. **Signatures** |
| Your signature below confirms you are committed to investing a minimum of 3 hours a week on average in your training for the project duration.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE RETURN THIS FORM BY FRIDAY 26 JUNE 2020.**

**BY POST:**

**Northern roots, ALEXANDRA PARK OFFICES, ALEXANDRA PARK DEPOT, KINGS ROAD, OLDHAM, OL8 2BH**

**BY EMAIL:**

**northern.roots@OLDHAM.GOV.UK**