

**25th CHALLENGE OF RURAL LEADERSHIP COURSE**

**Application Form**

**Please use block letters**

|  |  |  |
| --- | --- | --- |
| Surname: | Forenames: | Date of Birth: |
| Title: (Mr/Mrs/Miss, Ms etc) | Gender: Male/Female |  |
| Home Address:  Postcode:  Home Tel number: Mobile: Email: | | |
| Company Address: (if different from above) (If there are cost implications for your company/organisation, please ensure you notify them)  Postcode:  Company Tel number: Mobile: Email:  Position Held: | | |
| Nationality: | | |

Education / Higher Education / Professional Qualification:

|  |  |  |
| --- | --- | --- |
| Dates | Institution | Qualifications |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Employment: (Please give brief resume of employment history to date)

|  |  |  |
| --- | --- | --- |
| Dates | Organisation/Address | Job Title and Responsibilities |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Please give description of your present position, responsibilities and skills |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Please list your key objectives for wanting to attend this course |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Where did you hear about this course?.....................................................

I wish to apply for a place on the above course:

**Declaration:**

*I confirm that all details given in the form are true and accurate. I understand that the selection panel reserve the right to offer or withhold an award and that its decision is final. I am aware of the cost of the course and that I will be expected to raise this primarily from personal/business funds, grant aid, sponsorships and bursaries. The Worshipful Company of Farmers does not seek to exclude candidates on the basis of ability to pay and will offer assistance where appropriate. I confirm that I am available for the duration of the course and I fully understand that if I am unable to attend the programme in full, I will not be offered a place.*

Signed (applicant):........................................................... Date:......................................

