**GUILDHALL MENTORING SCHEME**

**APPLICATION FORM**

PLEASE ENSURE THAT YOU COMPLETE THE FOLLOWING AND ATTACH THIS TO YOUR SUBMISSION EMAIL:

* Completed Application
* Equalities Form
* CV

ANY APPLICATIONS MISSING THE ABOVE WILL NOT BE ELIGIBLE FOR THE SCHEME

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| Applicant(s) Personal Details |
| Principal applicant:  |
| Title (e.g. Mr., Mrs., Miss, Ms., Mx)  |  |
| First Name  |  |
| Middle name(s)if applicable |  |
| Family Name |  |
| Date of Birth |  |
| Business Name & Address (if applicable) |  |
| Home Address (Permanent address) |  |
| Mobile Number |  |
| Business Number or Unique Tax Reference Number (UTR)  |  |
| Email |  |

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| **Eligibility of Application (please delete as appropriate)**  |
| I confirm that I am eligible to work in the UK  | **Yes/ No** |
| I am an alumnus/a of the Guildhall School (from undergraduate or postgraduate study)  | **Yes/ No** |
| Department/pathway:  |  |
| Year of graduation: |  |

Please note that the following information can be submitted in video or audio format if preferred. Please ensure you answer all questions however you choose to submit your application.

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| **Application Summary.** Explain to us:* What business or project idea are you proposing to develop,
* What you want to get out of this programme, and
* Why you are a good fit for the scheme.

(800 words maximum or a 3 minute video/ audio link) |
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| **Further information.** Is there anything else that you would like us to know in support of your application? (200 words maximum) |
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| **CV**Please attach a CV to your submission email. Completed [ ]  |
| **Equalities monitoring form**Please attach your equalities monitoring form to your submission email. Completed [ ]  |

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| **Confirmation that you can attend programme dates**  |
| I confirm that I can attend the two ‘whole cohort’ sessions on the following dates, to be held in person at Guildhall School * 26th April, 10am - 12pm
* 19th July, 10am - 12pm
 | Please select: Yes/ No |
| I confirm that I will attend x3 one-to-one mentoring sessions (dates to be mutually agreed with mentor) | Please select:Yes/ No |

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| **Evaluation and impact:** Following up with you on the impact of support is very important. It will help the School to improve the ways in which we offer support, and to secure future funding for this activity.  |
| I agree to completing an evaluation survey of the mentoring programme and its impact at the end of the scheme. (This can be provided in written, audio or video format | Please select: Yes/ No |
| I agree to a follow up interview after 12 months | Please select:Yes/ No |

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| **Signed** |  | **Date** |  |