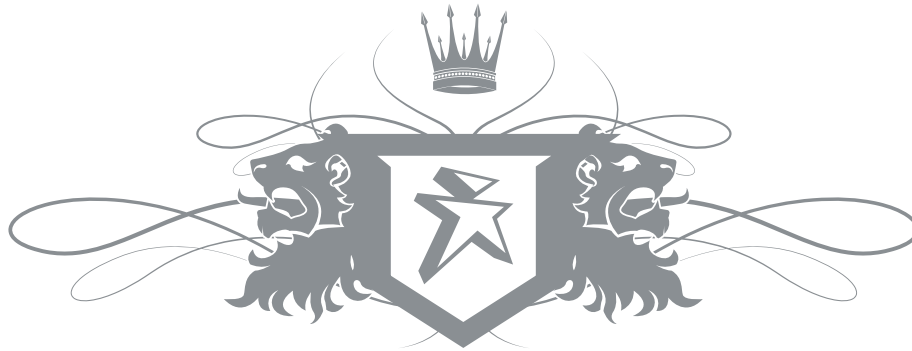


Office Use:

Manager Assigned:

SS1 / 2 / 3:



Champions Life Academy

Application Form

Personal details

Name:		Date of Birth:	
University or College:		Year of Study:	Length of course:
Term address:		Home Address:	
Postcode:		Postcode:	
Term telephone:		Home telephone:	
Mobile:		Email:	
Date of application			
How did you hear about us?		Job shop / careers talk / another student (please name) / other	
if 'other' please specify how you heard of us			
Full and current driving licence?		Yes / No	

Education

	Courses / subjects	Exam dates	Class expected / grades achieved
University			
A level(s) or equivalent			
GCSE(s) or equivalent			
Other qualifications, scholarships, awards			

Employment history

N.B. Please include permanent, temporary or voluntary work with your current or most recent position first:

Dates from and to	Name & address of employer	Position held plus key responsibilities

Questions

What hobbies/activities/interests do you devote substantial time to? Include any leadership positions you may have held

Please give details:

Please give examples of when you:

Have organised an event, holiday abroad or similar?

Please give details:

Have had a challenging task or goal and overcome obstacles to achieve it?

Please give details:

Have had a problem that you have encountered and then overcome?

Please give details:

Tell us why you have chosen to apply for a position with the Champions Training Programme?

Tell us about your tentative or definite career plans, and how you think the Champions Training Programme will enhance your chances of success after graduation?

Additional information

Please give details of any other skills, languages etc that you would like to include:

Please give the dates you would NOT be available for interview and any prior commitments that may prevent you from working throughout the whole summer, and whether you would prefer to do the 8 or 12 week programmes:

Champions referral notes

A few words on why this applicant would be suitable for the role:

(If you have been referred by a current or previous member of the Champions Team, please ensure that they fill out this section and send the form back on your behalf).

Referee signature:

Date:

When this form is completed, please send it to the following address:

Champions Life Academy
117 Estcourt Road
Fulham
London
SW6 7HB
0207 381 9976

Declaration

I certify that the information given in this application form is, to the best of my knowledge, complete and accurate.

Applicant signature:

Date: