



APPLICATION FORM

WHEEN BEE FOUNDATION - BEE AMBASSADOR PROGRAM

Friday 21st June to Monday 24th June 2019

PERSONAL DETAILS OF APPLICANT: please print your details clearly		
Surname:	Given name:	Preferred:
Address:		
Town:	State:	Postcode:
Mobile:	Work phone:	
Email:	Age:	M <input type="checkbox"/> F <input type="checkbox"/>

NAME OF NOMINATING ORGANISATION OR SOURCE OF FUNDS		
Please provide details of the business or industry organisation that will fund your participation, either partially or fully, to enable invoices to be raised to the correct entity. If self-funded, please enter "SELF" in the Company name field and ignore the other fields.		
Company name:	ABN:	
Contact Name:		
Position:		
Town:	State:	Postcode:
Work phone:	Mobile:	
Email:		
If you require your invoice to be split please complete details below, or attach alternate invoicing instructions		
Deposit of \$ _____ Please invoice and receipt to Business Name & ABN) _____ _____	Program Balance of \$ _____ Please invoice and receipt to Business Name & ABN) _____ _____	

MAJOR BEE ACTIVITIES: please mark the boxes that best describe your major beekeeping activity				
<input type="checkbox"/>	Commercial beekeeper with _____ Apis mellifera hives	<input type="checkbox"/>	Honey production	What are your primary bee interests?
<input type="checkbox"/>	Amateur beekeeper with _____ Apis mellifera hives	<input type="checkbox"/>	Pollination	
<input type="checkbox"/>	Native Beekeeper with _____ hives	<input type="checkbox"/>	Queen breeding/rearing	
<input type="checkbox"/>	I do not keep bees	<input type="checkbox"/>	Other (please specify)	

EDUCATIONAL BACKGROUND: please provide a short overview

WORK HISTORY: please provide a short overview

GENERAL INFORMATION: please list your hobbies, community and recreational interests

CURRENT LEADERSHIP AND ADVOCACY ROLES:

Please list any leadership/advocacy roles you currently hold within your bee club, business or industry.

VOLUNTEER CONTRIBUTIONS:

Please provide details of the time you spend undertaking volunteer activities in your bee community/ies

AVERAGE NUMBER OF HOURS VOLUNTEERED PER MONTH

NOMINATED BY:

Name:

Role/Position

Club/Organisation:

Tel: (BH):

Mobile:

Email:

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INDIVIDUAL REQUIREMENTS

If you have any dietary, learning, physical mobility or other individual requirements that we may be able to assist you with, please let us know:

Dietary requirements:
Please advise of any food allergies or individual dietary requirements

Other Requirements:
Learning, visual, physical mobility that you consider may impact on your learning
