



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:

APPLICATION FEE:

The full cost of participation in this program is \$1,775 (inc. GST).
The fee covers tuition, notes, 3 night's accommodation, bus tour and all meals as listed below.

Please forward your application form, **together with deposit of \$150** to:
Bee Ambassador Program
When Bee Foundation
96 Harbours Road
YENDON, VIC 3352
E: info@wheenbeefoundation.org.au

Program Enquiries: Fiona Chambers
Ph: 0427 354 457
E: ceo@wheenbeefoundation.org.au

Administration Enquiries: Angela Inkester
Ph: 03 5341 6100
E: info@wheenbeefoundation.org.au

APPLICATIONS CLOSE: COB THURSDAY 30th MAY 2019

Successful nominees will be notified by email on Friday 31st May 2019
Balance of fees will be payable on or before 7th June 2019

PAYMENT DECLARATION:

Please nominate your payment method below and sign the declaration.

A cheque for \$150 is enclosed with this applications form

Please charge my credit card Visa or Mastercard (details below)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRY: ___ / ___ CCV: _____ NAME ON CARD: _____

Electronic Funds Transfer **(please include as reference your surname and WBFAP 2019)**
BSB: 633 000 Account: 138 002 456 Name: When Bee Foundation Ltd

I understand that:

- The registration fee covers 3 night's accommodation (Fri 21st Sat 22nd and Sunday 23rd June), an all-day scientific tour and the following meals:
 - Friday: dinner
 - Saturday: breakfast, morning tea, lunch, afternoon tea and dinner
 - Sunday: breakfast, morning tea, lunch, afternoon tea and dinner
 - Monday: breakfast, morning tea, lunch and afternoon tea
- If I am unsuccessful, my deposit will be refunded in full.
- Should I be accepted, the balance of the fees will be due **by 7th June 2019**
- The event will officially conclude at 4.30pm on Monday 24th June. I would like to:
 - make my own travel arrangements from Melbourne University, departing at 4.30pm
 - be delivered by bus to Melbourne airport by 5pm or
 - be delivered back to Best Western Airport Motel and Convention Centre by 5.15pm.

Signed: _____

Date: _____

WHEEN BEE FOUNDATION BEE AMBASSADOR PROGRAM 2019

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