**Levy Wellbeing Ambassador – Application Form**

Name……………………………………………………………………………………………………………………………

Job Title…………………………………………………………………………………………………………………………

Email Address…………………………………………………………………………………………………………………

Contact Number………………………………………………………………………………………………………………

Line Manager Name………………………………………………………………………………………………………….

Unit Name……………………………………………………………………………………………………………………..

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| Please tell us a little but about why would you like to become a Mental Health Ambassador? |
| Please outline any experiences or skills that you could bring to this volunteer position of Wellbeing Ambassador. |
| Are you able to commit to joining quarterly conference calls and attend a two full day training course for Mental Health First Aider. |

Please return completed forms to [hse@levy.co.uk](mailto:hse@levy.co.uk)