

WSPA Speaker Application Form

Your Personal Details

Title _____	First name _____
Surname _____	Supporter No. _____
Address _____	
_____ Postcode _____	
Telephone Daytime _____	Evening _____
Email _____	
How did you hear about becoming a WSPA advocate? _____	

Your Skills and Experience

1. Why do you feel you would be suited to representing and promoting WSPA ?

2. Many of the talks we are asked to do are from interested schools, both primary and secondary. Please give details of any experience you have with schools or youth groups.

3. We are also asked to give talks to all kinds of other groups such as youth groups, Rotary clubs, Women's Institute etc. Please give details of any other experience you have of talking to an audience (whether large or small).

Your Knowledge of WSPA

1. Themes of talks can include general introductions to the work of WSPA or a particular aspect of our work. We will provide training on the different aspects of our work, is there a particular aspect of our work that you would prefer to talk about?

Your Availability

1. We prefer advocates to be available for a variety of talks which can be held at all times of the day and week. We would give as much notice as possible and expect flexibility from the talk host to meet your own commitments. Please tick as appropriate which times would be most suitable for you.

School Assembly	usually fine	occasionally	never
Morning talks	usually fine	occasionally	never
Lunch time talks	usually fine	occasionally	never
Afternoon talks	usually fine	occasionally	never
Evening talks	usually fine	occasionally	never
Weekend talks	usually fine	occasionally	never

2. Do you have access to a car and what areas would you be prepared to travel to for a talk?

References

Please give the names and addresses of two people (not relations) who you have known for no less than a year who can be contacted to provide a reference for you. Please note we will need two satisfactory references before you start as a volunteer with WSPA.

1. Name _____

Address _____

Telephone (Day) _____ Eve _____

Relationship _____

2. Name _____

Address _____

Telephone (Day) _____ Eve _____

Relationship _____

The information given on this form is correct to the best of my knowledge.

Signed _____

Name (please print) _____ Date _____

Thank you for your continued support of WSPA.