



## WNPS Youth Ambassador 2019-2020

### Application Form

NAME:
DOB:
WNPS Membership no and Membership Date :
ADDRESS:
SERIAL NUMBER (FOR OFFICIAL USE ONLY) :

Use the space provided below to describe a project that you would like to implement over a 12 to 18 month period. Include a brief problem statement; objective/s; approach and expected outcomes. Please do not expand beyond this provided space.

*Text size: 11 point*

In addition to completing this application form, please don't forget to include the following:

- ✓ CV (not more than three pages) including names of two references of relevance to the related work
- ✓ 1 min mobile phone video clip describing: Why you want to be WNPS Youth Ambassador; How you are going to apply what you learn; and What activities you will conduct to maximise your impact and outreach to the public.
- ✓ By submitting this form, you agree to abide with the terms and conditions set out by WNPS for this program, agree that you are of Good Health, and in a position to Travel overseas during February 2019. Please use this form in conjunction with the email guidance for the initiative.
- ✓ Kindly email the CV and form to [wnps@sltnet.lk](mailto:wnps@sltnet.lk) by **31<sup>st</sup> December, 2018, along with the video. If the video is too large, kindly upload to a shared location and provide us with a link for the same.**

**Any incomplete applications will NOT be considered for evaluation.**

**Inability to travel overseas in February will also be a strict disqualification from the program.**

Signature

Date