

**Cornwall Campuses Diversity Champions Programme**

**Application Form 2021-22**

Please make sure you have read the full [web information](https://www.exeter.ac.uk/departments/inclusion/support/training/divchamcornwall) before submitting your application. Applications need to be approved by your Line Manager prior to being submitted.

**DEADLINE FOR SUBMISSION MONDAY 1st NOVEMBER 2021, 5pm**

**Please return this form to edi@exeter.ac.uk**

|  |  |
| --- | --- |
| **Name** |  |
| **Email Address** |  |
| **Institution** |  |
| **College /**  **Professional Service / Area** |  |
| **Job Title** |  |
| **Please share with us something about your identity and why you think identity is important.** |  |
| **Why would you like to take part in this programme?** |  |
| **Please describe any previous training experience, in particular any involvement in tackling EDI topics.** |  |
| **Supporting statement to be completed by your Line Manager.** |  |

**DELEGATE AGREEMENT**

I confirm that I am able to attend the full programme of training.

I agree to provide a minimum of 15 hours and up to a maximum of 20 hours of preparation and training delivery in the 18 months following successful completion of this training course. This will consist of at least one workshop per term of 1.5 hours, plus preparation time.

I understand that in **exceptional** cases where I fail to attend or complete the training **without good reason**, the University may seek to recover the costs from my College, Directorate or service area (approximately £300 per participant).

**LINE MANAGER AGREEMENT**

I support this application and agree to release the delegate for a minimum of 15 hours and up to a maximum of 20 hours of training delivery in the 18 months following successful completion of this training course.

**PRIVACY NOTICE**

The information you provide will be used in line with the University of Exeter Staff Privacy Notice (<http://www.exeter.ac.uk/privacy/staff/>) for the purpose of maintaining the University of Exeter Diversity Champions list and training you deliver.

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| --- | --- | --- |
| Delegate signature |  | Date: |
| Line Manager Signature |  | Date: |
| Funding approved by (*insert approver’s name)* |  | Date: |
| Departmental Cost Code (required in case of non-completion) |  | |