

Application form



Introduction

We are very pleased you are applying to our Møller Institute Cambridge Business Coaching Programme. Your application information will provide our Director of Coaching Programmes with essential information that will assist in getting to know you and other members of the cohort from the outset as well as ensuring our programme learning outcomes are delivered most effectively.

We therefore kindly ask you to fill in all the required sections together, if applicable, with the Sponsoring Statement so that we can process your application. The next step of the application process will be to find a mutually convenient time for a telephone interview with our Programme Manager.

The completed application form can either be sent via email to lousie.qiles@chu.cam.ac.uk or sent by mail to:

Louise Giles Programme Manager The Møller Institue Storey's Way Cambridge, UK CB3 ODE

Myself/Individual:

Who is funding your place on the programme (please tick):

My employer:

Personal information					
Title:	First name (s):		Family name:		
Preferred name (if different from above):					
Address 1:					
Address 2:					
City:	Post/Zip code:		Country:		
Home telephone number (inc. country code):					
Mobile number (inc. country code):					
Email address:					
English language proficiency:	Native:	Fluent:	Other:		

Company information		
Company name:		
Address 1:		
Address 2:		
City:	Post/Zip code:	Country:
Telephone number (inc. country c	ode):	
Website:		
Industry sector:		
Total number of employees:		Annual sales (£):
Your current role		
Overview of your responsibilities:		
Number of direct reports (if any):		
Number of years of relevant mana	gement experience (if any):	
Your objectives		
Please provide short information of	on your objectives for undertaking this co	oacning programme.
Coaching experience		
Please provide details of your prev	ious coaching experience, if any?	
Please provide details of your prev	rious training or qualifications?	
Is there any other information you	would like to include in your application	n?



Education

Highest qualification attained:				
Subject:				
Institution or accrediting body:				
Year you gained the qualification :				
Please provide the details for any re	levant professional programmes you hav	ve attended:		
Programme title:				
Year you attended:				
Institution and location:				
Programme title:				
Year you attended:				
Institution and location:				
Programme title:				
Year you attended:				
Institution and location:				
Programme title:				
Year you attended:				
Institution and location:				
Payment information				
If your application is successful, to v	whom should the invoice be sent?			
Title:	First name:	Family name:		
Job title:				
Email address:				
Is the address the same as the cor	npany address previously provided?	Yes:	No:	
If the invoicing contact is at a di	ifferent address, please complete the	below:		
Address 1:				
Address 2:				
City:	Post/Zip code:	Country:		



Terms and conditions

Cancellation policy

Payment is due within 21 days of the invoice date. There is a 10% cancellation charge for cancellations received more than six weeks before the start of the programme. The penalties for cancellations after this time are:

4-6 weeks = 25% of the programme fee

2-4 weeks = 50% of the programme fee

Less than 2 weeks = 100% of the programme fee

If a candidate does not attend, the full fee will be retained.

I have read the cancellation policy and agree to the terms stated.

(Please initial here):

Data protection

The data from this form will be used to assess your suitability to attend one of our Open Programmes. It will also be used for our own purposes and it will not be shared with external third parties for marketing purposes.

For more information please visit the Møller Institute's Privacy Policy at www.mollerinstitute.com/privacy-policy

Please sign below to confirm that the information provided is true and accurate

Signature of applicant:	
Date:	



The Cambridge Business Coaching Programme

Sponsoring statement

If currently working within an organisation the Møller Institute requires that a senior executive within your organisation sponsor your application and provides a Sponsoring Statement. This part of the application form needs to be completed by your Sponsoring Executive.

to be completed by your sponsorn	ig Excedition	
Full name of applicant:		
I certify that all the information and authentic and accurate.	accompanying material provided in	n connection with this application are
Signature of sponsoring executive		
Date:		
The following questions relate to	you as the Sponsoring Executive	e:
Title:	First name (s):	Family name:
Job title:		
Company name (if different from th	ne applicant):	
Email address:		
Telephone number:		
		sation, including reporting relationships:
Please state your corporate object Programme:	ives in nominating this person to at	tend The Cambridge Business Coaching