



This form is for a company manager or director applying on behalf of two or more employees. Please complete every relevant section, obtain each employee's agreement to be nominated, and enter "Not applicable" where necessary.

1. Company and Main Contact Details

2. Employee Nominees

N o.	Full name	Age	Job title	Length of service with company	Preferred method of contact	Contact details
1						

2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____

Application Type

Source	Annual fee £	Tick which type of application you are seeking
Small Business (U50 employees)	£150pp	
Medium & Large Business	£300pp	

3. Company Rationale and Employee Development

Why are you nominating these employees?

Please explain how participation will support their development and benefit the company. Suggested maximum: 250 words.

Priority development areas

- ☐ Leadership and management ☐ Technical or operational knowledge
☐ Communication and confidence ☐ Commercial and supply-chain awareness
☐ Sustainability, animal welfare or food safety ☐ Networking and industry engagement
☐ Other: _____

4. Company Guarantee of Application Fees

By signing this form, the company guarantees payment of the applicable application or programme fee for every employee named in this application. The company agrees to pay all correctly issued invoices by the stated due date and understands that an employee's place may not be confirmed until payment arrangements have been accepted.

Fee summary	Details
Number of employees	_____
Fee per employee	£ _____
Total amount guaranteed	£ _____
Purchase order number, if required	_____

5. Company Confirmation and Data Protection

- ☐ Each employee named above has agreed to be nominated and understands that the organiser will contact them to complete any required individual information, declarations and consents.
- ☐ The company has informed each nominee that the personal information in this form will be shared with the programme organiser to assess and administer the application and, if successful, manage participation.
- ☐ The company will support the nominees to attend the scheduled programme activities.
- ☐ I am authorised to submit this application and provide the fee guarantee on behalf of the company.

Please do not include special-category personal data on this form. Each nominee should provide any additional information directly to the programme organiser where necessary.

6. Authorised Signatory

Printed name	_____
Position in company	_____
Signature	_____
Date	_____

Submission Details

Send the completed form to: Carla Ashcroft

Email: YMP@butchershall.com

Please save a copy of the completed application for your records.