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FELLOWSHIP IN MANUFACTURING MANAGEMENT

Application Form - Company Sponsored

Download this form, complete it, then return it by e-mail to:

Linda Willsher – I.j.willsher@cranfield.ac.uk

Or send a hard copy to: Linda Willsher
 Cranfield Manufacturing Management Centre
 Building 42
 Cranfield University
 Cranfield
 Beds MK43 0AL

Non-EU nationals: please make sure you have a valid work permit before submitting your application.

Please type in the grey fields. The space will expand to allow you as much space as you need to give a complete response.

PERSONAL DETAILS

Title (Dr/Mr/Ms etc) _____

Marital status _____

Last Name _____

Age of children (if any) _____

First names in full _____

Home phone number _____

e-mail address _____

Mobile phone number _____

Cranfield	Accept / Reject	Start Date		End Date		Signature	
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Home address

Postcode

Do you hold a current driving licence?

Work phone number

Date of Birth

Nationality

Where did you learn of the Fellowship?

DETAILS OF SPONSORING ORGANISATION

Company name

Address

Postcode

Phone number

Website <http://>

Number of employees

Turnover, if known

Product / Nature of business

NOMINATING EXECUTIVE

Name in full

e-mail address

Correspondence address

Postcode

Job title

Company tutor for the Fellowship

Name

e-mail address

Position

Phone number

*** There is a supplementary form which must be completed by your nominating executive. It supports your application and details the company's proposals for you during the industrial phase. ***

Please remember to give this form to your nominating executive NOW.

Please describe your present or last appointment, indicating to whom you are/were responsible and who is/was responsible to you. What do you consider to have been your major contributions in this appointment and why? What are/were your main responsibilities and activities?

Previous Post (with existing or other employer)

Company name	Job title
Address	Date appointed
	Date terminated

Brief job description

Reason for leaving or transfer

Previous Post (with existing or other employer)

Company name	Job title
Address	Date appointed
	Date terminated

Brief job description

Reason for leaving or transfer

EDUCATION, TRAINING AND QUALIFICATIONS

What schools did you attend full time?

Examinations taken during this period

<i>Dates</i>	<i>Examinations</i>	<i>Results</i>
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Academic, professional or trade qualifications

<i>Dates</i>	<i>University/College</i>	<i>Degree/Qualifications</i>
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Membership of professional bodies

Other relevant training and experience

CAREER DEVELOPMENT

Please write a short autobiography here which will help to explain the course which your career has taken. Please mention the factors which have influenced you, the main interests you have developed, the achievements you particularly remember. Indicate why you are interested in a career in manufacturing management. If you have some ideas or ambitions for your future, please try to describe them.

CANDIDATE

“Signature”

Date

Fee Status		HQ / LQ		Qual EU	
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