

WORK EXPERIENCE APPLICATION

NAME : _____
FORM : _____
ADDRESS : _____

EMAIL ADDRESS : _____
TELEPHONE : _____
DATE OF BIRTH : _____

HEALTH : (**please** give details of anything that might affect your work experience)

CRIMINAL RECORD : YES / NO (please delete as applicable)

(answering yes will NOT prohibit work experience but may limit placements i.e. Courts of Law)

WORK PLACEMENT IDEAS : (give at least three with a general category, e.g. "working with children", or specific employers, e.g. Downview School)

1. _____
2. _____
3. _____
4. _____

Please hand this form in to Mrs Woodman or Mrs Hurst in N8B who will contact you once a list of approved employers is available to make a final selection. The process of assigning work experience placements is on a first come first served basis, it is in your own best interest to return this form AS SOON AS POSSIBLE to have a good chance of securing your number one choice.

(FOR OFFICE USE ONLY)

WORK PLACEMENT DETAILS :

COMPANY NAME : _____
CONTACT NAME : _____
EMAIL ADDRESS : _____
TYPE OF WORK : _____