

Work Experience/ Placement Request Form



Your details	
Full legal name	
Preferred name, if different	
Date of birth and school year, if under 16	
School or college name and contact details	
Email address	
Phone number	

About you	
What job or area would you like to learn about?	
Why would you like to complete work experience with us?	
Preferred location	
What do you hope to achieve by the end of your experience with us?	
Preferred dates	Start date: _____ Finish date: _____

Emergency contact	
Name	
Phone number	
Anything we need to know to keep you safe? <i>For example: allergies, medical needs, or support you may need.</i>	

Privacy and agreement	
We will use the information on this form to review your work experience request and contact you about it. We will keep your details safe and only share them with people who need them to arrange your placement. By signing below, you confirm the information you have given is correct.	
Student signature: _____	Date: _____
Parent/carer signature: _____	Date: _____