**Work Placement Request Form**

Once you have completed this form, please send it (along with an up-to-date CV, if you have one) to the area you are interested in. Please see our website for further details of the areas currently offering placements. Upon receipt of the application form, a member of staff will contact you to let you know if they can offer you a placement on the dates you have requested. Please note numbers of places are limited and there is no guarantee that the service area can accommodate the request.

Please complete the following information.

**About You:**

| Mr Miss First Name:  | Mrs Your Date of Birth: Surname:  |
| --- | --- |
| Your Address:  |  |
| Your Telephone Number:  |  |
| Your Email Address:  |  |
|  |  |

**Emergency Contact Details**

| Name:  |  |
| --- | --- |
| Telephone No:  |  |

**About Your Co-ordinator**

Please provide details here of your work experience co-ordinator or support worker (if applicable). If you do not have a co-ordinator, please leave this section blank.

| Co-ordinators Name:  |  |
| --- | --- |
| School/Company Address: |  |
| Telephone Number: |  |

* What dates are you available for your placement?

From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

* What do you hope to gain from your work experience placement?
	+ Are you (please tick):
	A school pupil 🞎 A student 🞎 An adult 🞎

* + Do you have a disability?\* Yes 🞎 No 🞎

If Yes, please tell us the nature of your disability and any adjustments you may need in order to participate fully in your work placement\*: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....

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\*Please note that any details you provide about your disability will be handled in the strictest of confidence. However, we may need to pass this information on to your work experience supervisor to ensure that you receive the right support during your placement.

Date………………………