**Work Experience Application Form**

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| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Postcode |  |
| Email address |  |
| Telephone (landline) |  |
| Mobile (if possible) |  |
| Emergency Contact and Phone number |  |
| School / College / university attended and year group | |
| School/College/university contact name and email (WE coordinator, head of year etc.) | |
| Dates of placement:  From \_ \_ / \_ \_ / \_ \_ to \_ \_ / \_ \_ / \_ \_ | |
| GCSE subjects studied (if applicable) |  |
| Post 16 qualifications studied (if applicable) |  |
| Any other relevant qualifications / certificates and work experience |  |
| Please say why you would like to come to the Gulbenkian for your work placement: | |
| Do you have an interest in a particular department/s? |  |
| **Additional Information**  Do you have any access, medical or learning needs that we should be aware of?  This information is to enable us to make your placement as useful, safe and enjoyable as possible. | |

Signed……………………………………………….. Print Name…………………………….