



Work Experience Application Form

NAME:

DATE OF BIRTH: __ / __ / ____

PLACEMENT DATES REQUESTED: __ / __ / ____

DOES THIS PLACEMENT FORM PART OF A SCHOOL/COLLEGE COURSE? YES / NO

IF YES WHICH SCHOOL/COLLEGE DO YOU ATTEND?

WHAT COURSE/QUALIFICATION WILL THE PLACEMENT BE PART OF?

WHAT CAREER PATH ARE YOU HOPING TO TAKE?

DO YOU HAVE ANY KNOWLEDGE OF THE QUALIFICATIONS NEEDED FOR THIS?

HAVE YOU DONE ANY OTHER WORK EXPERIENCE PLACEMENTS? YES / NO

IF YES WHERE AND WHEN WERE THESE?

WHAT WOULD YOU WANT TO GAIN FROM YOUR PLACEMENT WITH US?

WHY DO YOU FEEL YOU ARE GOING TO BE A GOOD CANDIDATE TO WORK WITH US FOR A WEEK?