**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?**