

## WORK EXPERIENCE APPLICATION FORM

**Section 1 (to be completed by the Student/Applicant) ✳**

Full Name:..... Date of Birth:.....  
 Full Address:..... School/College.....  
 ..... Form/Group:.....  
 ..... Tutor/Contact:.....  
 Post Code:..... Primary School Attended:.....  
 Telephone No:..... Work Experience Dates: 12<sup>th</sup> – 16<sup>th</sup> July 2010

**Subjects Studied**

Male  Female

Subject	Set	Exam

Subject	Set	Exam

Please list the subjects you enjoy the most, your interests and hobbies?

For information, help and ideas to assist you to complete the rest of this form please log on to [www.careerswales.com](http://www.careerswales.com) click on *Career Ideas* under tools and resources. This is a Careers website that has been specially designed to provide students with access to information, advice and guidance.

Have you registered and opened an account on Careers Wales On-Line? Yes / No (please delete)  
 Did you complete the work experience game? Yes / No (please delete)  
 Did the web-site help you to choose your job choices? Yes / No (please delete)

What are your Job Choices for work experience, in order of preference:

- .....
- .....
- .....

Is there a specific company you would like us to contact on your behalf?  
 .....

How far are you willing to travel in order to attend your Work Experience placement? (For example, local area, anywhere on a bus route, Cardiff, Newport, access to own transport etc.)

.....  
.....  
.....

**\* Section 2 (to be completed by the Student/Applicant if they have arranged their own placement) \***

If you are offered a work experience placement please let us know by completing this section. We will then contact the employer to confirm the details.

Contact:..... Position:.....

Company Name:.....

Full Address:.....  
.....  
.....

Tel No:..... Fax No:.....

Type of Work Experience offered:.....

When did you speak to the above contact:.....

**\* Section 3 (to be completed by the Student/Applicant and the Teacher/Learning Provider) \***

1. Are there any factors, issues, health problems or disabilities that need to be considered prior to finding a suitable work experience placement? (e.g. eczema, asthma, epilepsy, impaired colour vision, hearing etc). If so please specify severity and any medication taken.

2. Please review the comments made on the previous page regarding job choices order of preference, interests and travel – Are there any additional comments to be made?

**Declaration:**

I understand that the information provided on this application form will be shared with employers by Careers Wales Gwent to assist in the work experience placement process.

**Signatures:**

\* Student:..... Teacher/Learning Provider:.....

Date:.....