



APPLICATION FOR A WORK EXPERIENCE PLACEMENT

Personal Details

Title: _____ Surname: _____ Forename: _____

Address for correspondence: _____

Date of birth: _____ Email _____

Telephone: _____ Mobile _____

Next of Kin: _____

Relationship: _____ Telephone: _____

School/College: _____

Address: _____

Teacher/Careers Adviser: _____

Telephone: _____

Dates you are available for work experience: _____

Area/department/type of work experience required: _____

Disability

Under the terms of the Equality Act 2010 a disability is defined as a 'physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. We welcome applications from people with disabilities.

Do you consider yourself disabled? (please circle)

Yes No

If Disabled would you need any adjustments to enable you to attend for interview or placement

If YES please specify _____

Please obtain the following (if you are under 18 years of age):

Parent/Guardian

I have read and understood the above requirements. I will ensure the student carries out these obligations and confirm that he/she is not suffering from any complaint, which might create a hazard to him/herself or to those working with him/her. I give permission for my son/daughter

to attend the placement and observe during his/her visit to Wyre Forest District Council. I will also agree arrangements regarding any unsupervised time during the placement with the Council's representative.

Signature: _____

Relationship: _____

Print name: _____ Date: _____

Teacher/Careers Adviser (if the placement is in term time and the student is under 18 years of age)

I have read the work experience programme information and give permission for

_____ (name of Student)

to attend the placement and observe during his/her visit to Wyre Forest District Council. I also confirm that he/she is currently studying at:-

I will also agree arrangements regarding any unsupervised time during the placement with the Council's representative.

Signature: _____

Print name: _____ Date: _____

Student, Parent and Teacher Agreement with Wyre Forest District Council

1. The Council places considerable importance on the need for attention to health and safety at work. You have the responsibility to acquaint yourself with the safety rules of the workplace, to follow these rules and make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, are reported.

2. The Council will also expect you to observe other rules and regulations governing the workplace, which are drawn to your attention. Please note that there is a no smoking policy covering the whole working environment and that there are security arrangements applicable to most locations.

3. The Council fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of any protected characteristics as detailed in The Equality Act 2010.

4. There will not be payment for meals or travelling expenses.

I have read and understood the above requirements.

Signature (student): _____

Print name: _____ Date: _____

Please return completed application form to HR Department, Wyre Forest District Council, Finepoint Way, Kidderminster, Worcs DY11 7WF or email: hr@wyreforestdc.gov.uk

The above information will be retain for a period of three months.