**WMC Work Experience**

**Application Form**

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| --- | --- |
| **Preferred dates of work experience:**  | From: To:  |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Mobile (optional)** |  |
| **Email** |  |
| **Date of Birth** |  | **Age:**  |

**EMERGENCY CONTACT**

|  |  |
| --- | --- |
| **Name of Parent / Guardian** |  |
| **Phone number** |  |
| **Email** |  |

**EDUCATION DETAILS**

|  |  |
| --- | --- |
| **School / College** |  |
| **Postcode** |  |
| **School contact** |  |
| **Contact email** |  |
| **Current stage of education**  | **School year:** | **GCSE:**  | **A Level:**  | **Other:**  |
| **Current subjects being taught** |  |

|  |
| --- |
| **Tell us why you are interested in work experience with WMC:**  |
| **What do you want to get out of the experience i.e. what skills would you like to develop?**  |
| **Tell us about your interests** |
| **Is there anything else you would like to share with us?** |

**DATA PROTECTION ACT 1998**

I consent to WMC using the information in this application form for the selection process for this work experience placement. I understand and agree that this information will be kept for up to one year after this process. If I am successful, this data will be used as the basis of my work experience record and I declare that the information contained in this form is to the best of my knowledge correct.

Signed: Date: