**Work Experience Application Form for 16-17 years of age**

**If you are interested in a work experience placement, we will need this application from to be fully completed by yourself, your school/college and also parental/guardian consent. We also need to carry out relevant risk assessments which may take time. Therefore, we ask that you contact us at least four weeks prior to the date that you would like your work experience placement to start.**

|  |  |
| --- | --- |
| Which area of the hospice are you interested in? eg shops, finance, stewards, gardens |  |
| Availability:  Please indicate your preferred dates for the placement |  |
| Is this part of your D of E | Yes No |

**Your details**

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Date of birth |  |
| Address including postcode |  |
| Home telephone |  |
| Mobile telephone |  |
| Email address |  |

|  |  |
| --- | --- |
| Name of school/college | Yes  No |

|  |  |
| --- | --- |
| What are you studying? |  |

|  |
| --- |
| Please give details of previous work experience, volunteering or paid work (if any) |

|  |
| --- |
| Please explain why you have chosen this placement and what you hope to get from it. Include your hobbies and interests and your plans for the future. |

**Supporting statement**

If you are attending a school or college ask a teacher or advisor to provide some information about your application, this could include what they think you might get from the placement, or future career plans.

If you’re not in school or college please ask someone who can act as your referee to explain why you’re suitable for a placement.

|  |
| --- |
| Why do you think this placement suitable? |
|  |
| Are there any issues that we need to be aware of? |
|  |

**Contact details for the person making the supporting statement**

|  |  |
| --- | --- |
| Name |  |
| Role/relationship to applicant |  |
| Signature |  |
| Telephone number |  |
| Email |  |

**Applicant’s declaration**

I confirm that the information given on this application is correct. I understand that any false statements may result in my application being refused or my placement being cancelled.

Signed: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Your completed application and the parental consent form on the next page should be returned either by post or email to Sue Jones/Eirian Thomas at Severn Hospice, Bicton Heath, Shrewsbury SY3 8HS

[education@severnhospice.org.uk](mailto:education@severnhospice.org.uk)

**Parental/guardian consent**

For completion by parent/guardian of students under 18 years of age

I am aware that my son/daughter has applied to Severn Hospice for work experience.

I confirm that:

1. I hereby give consent to this placement
2. \* Either – they do not require any adjustments to the workplace

OR

\*They do require adjustments to the workplace

Details as follows:

|  |
| --- |
|  |

(\* Please delete as applicable)

Name of son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number (in case of emergency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_