

WORK EXPERIENCE REQUEST FORM

Name:	Telephone:
Address:	Email:
	School/University/Other:
	Age if under 18 years:
Likely means of transport to placement:	
Areas of interest:	
What would you like to gain from a placement?	
Current Studies / Situation:	
If you have previous experience in this type of role please state:	
How would you rate your following skills?	
Computer Skills	Select Skill level
Email Skills	Select Skill level
Telephone	Select Skill level
General Admin	Select Skill level
Customer Service	Select Skill level
Do you have a disability? If so are any reasonable adjustments required for a placement?	
Preferred dates of placement (please note that our placements tend to be up to 10 working days) :	
<i>Please indicate whether these dates are flexible.</i>	
Would you like full time / part time work (please detail hours/days required) :	
Any other information that you feel would be useful to us:	