

Work Experience Application Form



Information required

Please make sure you complete all the required information below

Title	
Surname	
First name	
Preferred name	
Email address	
Emergency contact name	
Emergency contact phone number	
Relationship	

School details

Name of school	
Address	
Name of teacher	
Teacher contact details	
What GCSE subjects are you taking?	

Interests and hobbies

Why are you interested in taking part in our work experience programme? (Please aim to answer in a minimum of 50 words)

What do you want to get out of this work experience programme? (Please aim to answer in a minimum of 50 words)

How will this experience be beneficial to your further studies? Think about your current studies and what you want to do after school. (Please aim to answer in a minimum of 50 words)

Tell us about yourself, what hobbies or interests do you have? (Please aim to answer in a minimum of 50 words)

Declaration

I declare that to the best of my knowledge the information given in this form is complete and accurate.

I also declare that I have read and consent to the [Privacy Notice – Human Resources](#)

Name	
Date	

Returning the application form

Please email your completed application form to learningatwork@westsuffolk.gov.uk or send it by post to:

West Suffolk Council
Learning and Development (work experience)
West Suffolk House
Western Way
Bury St Edmunds
IP33 3YU

Work Experience Monitoring Form

West Suffolk Council is committed to equal opportunities. Designing and implementing procedures to ensure that potential and present employees are given fair and equitable treatment regardless of gender, ethnic origin, marital status, disability, sexual orientation, faith or age is part of that commitment. To help us monitor the effectiveness of these procedures it is important that you provide the information requested on this survey form.

If you have reason to believe that you have not been fairly treated, and possibly discriminated against (either directly or indirectly) a full investigation will be carried out and you will be advised of the result.

All information given in this form is strictly confidential.

Personal details

Surname	
First name	
Date of birth	
Gender	
Nationality	

Health concern or disability

Do you have a health concern or disability relevant to your work experience?	Yes		No	
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Under the Equality Act 2010 you are considered disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Do you meet this definition of disability?	Yes		No	
If yes, please state nature of disability				
Would you require any specialised aids or support to assist you in carrying out your duties?	Yes		No	
If yes, please provide details				

Are you currently in care?	Yes		No	
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Ethnicity

Please put a cross in the appropriate box

Asian or Asian British - Bangladeshi	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - any other Asian	
Black or Black British - African	
Black or Black British - Caribbean	
Black or Black British - any other Black	
Mixed - White and Asian	
Mixed - White and Black African	
Mixed - White and Black Caribbean	
Mixed - any other Mixed	
White - British	
White- Irish	
White - any other White	
Other ethnic group - Chinese	
Other (please give details)	

Thank you for taking the time to help in our monitoring process.