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| --- |
| **Your Details** |
| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email** |  |
| **Your School/College Details** |
| **Contact Name** (your course tutor or the person responsible for placements) |  |
| **School/College Name** |  |
| **Address** |  |
| **School Phone Number** |  |
| **Email** |  |
| **Which courses are you studying?** |  |
| **Getting to know you** |
| **Please briefly tell us about yourself, why you’d like to complete you work experience with us and what you hope to get out of it.***Please continue on another sheet if required* |
|  |
| **Please tell us about any skills and experience you have that you’d like to share with us.***Please continue on another sheet if required* |
|  |
| **Please tell us about any specific skills you would like to acquire during your work experience with us***Please continue on another sheet if required* |
|  |
| **School Work Experience Placement Information** |
| **Date of Work Experience**  |
| **Date from:** | **Date to:** |
| **Where would you like to do your work experience?**  |
| **Hartlebury Castle** |  | **Worcester City Art Gallery & Museum and The Commandery** |  |
| **Additional Information** |
| **Do you have any health, mobility or additional needs you’d like to share with us?**  |
|  |
| **Where did you hear about us?** |
|  |
| **Please confirm you’re willing for us to contact you about volunteering, events and updates**  |  |
| **Signature** |  |
| **Date** |  |
| **Please send your completed form to Megan Keary at** **megan.keary@worcester.gov.uk** |