**Work Placement Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Title:** |  |
| **Forename:** |  |
| **Middle name(s):** |  |
| **Date of birth:**  |  |
| **Address:** |  |
| **Postcode:** |  | **Mobile number:** |  |
| **Home phone number:** |  | **Email:**  |  |
| **Emergency Contact Details:** |
| **Name:** |  | **Address:** |  |
| **Relationship:** |  |
| **Contact number:** |  |
| **School/college/university details:** |
| **Name of Educational Institution:** |  | **Address:** |  |
| **Name of tutor/work experience coordinator:** |  |
| **Contact number:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you hold a full UK driving licence?** | Yes |  | No |  |
| **Do you have use of your own vehicle?** | Yes |  | No |  |
| **Any current endorsements?**  | Yes |  | No |  |
| **How do you plan on getting to us?** |  |

|  |
| --- |
| **How did you find out about work experience with us?***social media, internet – please specify* |
|  |

|  |
| --- |
| **Do you have any health conditions or disabilities we should be aware of? YES/NO***If yes, please provide details* |
|  |

|  |
| --- |
| **Do you have previous experience of volunteering?** *If so, please provide details* |
|  |
| **Please provide any relevant skill, qualifications and/or experience that supports your request.** |
|  |
| **Is your work placement a compulsory part of your course?***If so, please provide details.*  |
|  |
| **How would you prefer to do your work placement? (please tick your preferred choice)** |
| * **One day a week for at least 3 months or until you have completed your required hours. (Weekdays 10-6)**
 |  |
| If above applies, what day of the week can you do?  |
| * **A block week/two-week long placement (Weekdays 10-6)**
 |  |
| If above applies, what dates do you want to do your block placement? |

***General Data Protection Regulation***

**If you are making an application for a volunteer role, you are not under any obligation to provide us with personal data. However, should you decide that you prefer not to provide us with the personal data we request, we may not be able to progress your volunteer application.**

**Information from this application may be processed for purposes permitted under the GDPR. Individuals have, on written request, the right of access to personal data held about them.**

**The Charity treats personal data collected about its volunteers during the application process in accordance with its Volunteer Applicant Privacy Notice**

***Declaration***

**I acknowledge that I have read a copy of the Volunteer Applicant Privacy Notice.**

**The information given on this application form will be used to assess your suitability for a work placement. Any deliberate misrepresentation or falsification of facts contained on this form will lead to termination of the placement at WRAS. Any placement will be subject to satisfactory references, evidence or qualifications and availability on the selected dates.**

***Student Agreement***

**I agree to attend my Work Placement on the days and for the hours agreed, except in the case of illness or for other good reason.**

**I will notify the Employer and School/College/ University immediately if I am unable to attend my Work Placement for any reason.**

**I will notify my School if I have any issues or concerns whilst on my Work Placement.**

**I will observe all the safety procedures and to take all possible care to prevent an accident.**

**I agree to follow the work instructions given to me by the employer or supervisor (whether verbally or in writing).**

**I agree to treat as confidential anything which I find out about the employer’s business and not tell anyone without the employer’s permission.**

**I agree to dress appropriately and wear any uniform or protective clothing specified by my employer.**

**I am aware that an offer of a work experience placement is dependent on my attendance, punctuality and behaviour.**

………………………………………………………………...*(****signature****) ………………………………………………...(****date****)*

**Parent/Guardian Approval**

**To be completed by a Parent / Guardian if student is under 18:**

I / we have read and fully understand the information on this form and will support my / our child’s placement choices and travel arrangements.

I / we have agreed to the work experience dates set out by WRAS and understand these cannot be changed.

I / we understand that the school/college/university will only supply medical information to employers for the purpose of my child’s health and safety during work experience. Therefore, any medical conditions have been declared by us on this form.

I / we understand that this application form will be supplied to WRAS or the purposes of arranging work experience only and that any data held by them will be held securely and in line with Data Protection.

**Parent / Carer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Carer Signature ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**