

WORK EXPERIENCE APPLICATION FORM



NAME:		TUTOR GROUP:	
DATE OF BIRTH:		MALE/FEMALE:	
HOME ADDRESS:			

PARENTAL CONTACT DETAILS (please complete as applicable):

		HOME PHONE:	
MOBILE PHONE:		WORK PHONE:	
E-MAIL:		Please indicate your preferred method of contact, should we need to discuss work experience _____	

THESE ARE THE DETAILS OF THE PLACEMENT THAT I HAVE ORGANISED:

COMPANY NAME:			
ADDRESS:			
			POSTCODE:
TELEPHONE:		E-MAIL:	
CONTACT NAME:		POSITION:	
Do you know anyone who works there? NAME: _____ Position: _____			

HEALTH INFORMATION – PLEASE ENSURE THAT THE SCHOOL’S DATA BASE IS CORRECT AS OUT OF DATE INFORMATION CAN RESULT IN A PLACEMENT BEING WITHDRAWN. PLEASE ADVISE ACCORDINGLY.

Please give full details of any medical conditions that an employer should know about because it may affect your work?

Are you colour blind? **YES/NO** (please delete as applicable)

PLEASE DO NOT HESITATE TO SUPPLY ANY EXTRA INFORMATION THAT MAY BE USEFUL WHEN ARRANGING PLACEMENTS.

You may attach additional notes or copy letters to this form if necessary.

If you have any questions or need help in completing this form please contact Mrs Demian, Telephone 01795 475228 or e-mail rdemian@fulstonmanor.kent.sch.uk.