

Please return to Mrs Pascoe at the Crossroads

Date received

WORK EXPERIENCE APPLICATION FORM

Name

Tutor Group

Please put a number (1-5 in order of preference) in the boxes next to the type of work you would like to do for work experience

Children	
Old People	
Animal Care	
Sport / Leisure	
Office	
Manufacturing	

Hotel	
Catering	
Law	
Vehicle Maintenance	
Engineering	
Construction	

Health	
Beauty/Hairdressing	
Farming	
IT	
Retail	
Other?	

What are your strengths? – (please tick)

Working with people		Using IT		Working with animals		Other	
Working independently		Working with numbers		Following instructions			
Supporting others		Being creative		Being active			

Do you prefer to work? – (please tick)

Indoors	
Outdoors	
In a small company	

In a large company	
Where you have to travel	
Close to home	

On your own	
With other people	
Don't mind	

Do you live in? – please tick

Shifnal		Albrighton		Telford		Other	
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Transport – please tick

I will have the use of private transport		I will use public transport	
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Complete either 1 or 2 below:

1. If you have already found and organized a placement yourself OR you are waiting for an answer from a company:

Company	Placement has been confirmed: YES/NO
Contact Name	Awaiting from answer from company YES/NO
Address	Any other information
Phone No	

2. If you have a preference for a particular company and would like to try to get a placement there complete Box A. If you do not mind where your placement is, or do not know of anywhere to go, tick Box B:

A: Company
Contact Name
Address
Phone No

B: Don't mind/know	
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Signed by Parent/Guardian _____