WORK EXPERIENCE APPLICATION FORM

Name	Tutor Group
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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	Hotel	Health	
Old People	Catering	Beauty/Hairdressing	
Animal Care	Law	Farming	
Sport / Leisure	Vehicle Maintenance	IT	
Office	Engineering	Retail	
Manufacturing	Construction	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	In a large company	On your own
Outdoors	Where you have to travel	With other people
In a small company	Close to home	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 p	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:

anover 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:

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B: Don't mind/know	
	B: Don't mind/know

Signed by Parent/Guardian _____