

**Work Experience Application Form**

**Personal Details:**

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| --- | --- |
| **Student Full Name** |  |
| **School/College**  |  |

**Section 1: Your Personal Details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name**  |  |
| **Date of birth** |  |
| **Gender** |  |
| **Address** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Emergency contact details**  |  |
| **Do you have any additional needs? If yes, please specify** |  |
| **Is there anything else we need to be aware of? (e.g. support, existing commitments) If yes, please specify**  |  |

**Section 2: Supporting Statement**

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| **Please outine any previous involvement you have had with the Tigers Trust** |
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| **Please explain why you would like to undertake work experience with the Tigers Trust, and what you are hoping to achieve from the placement?** |
|  |
| **Statement of recommendation from your school/college**  |
|  |

**Section 3: Tutor Contact Details**

|  |  |
| --- | --- |
| **Teacher or adviser name** |  |
| **Signature** |  |
| **Telephone number** |  |
| **Email address**  |  |

**Section 4:**

**For data purposes, please describe your ethnic origin (please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A****White:** |   | **B****Mixed race:** |   | **C****Asian or Asian British**  |   |
| British - English, Scottish or Welsh  |  | White and Black Caribbean  |  | Indian |  |
| Irish |  | White and Black African  |  | Pakistani |  |
| Other White background |  | White and Asian  |  | Bangladeshi |  |
|   |   | Other Mixed background |  | Other Asian background |  |
| **D****Black or Black British:** |  | **E****Chinese and other groups:** |   |   |   |
| Caribbean  |  | Chinese |  | Prefer not to say |  |
| African  |  | Other ethnic group |  |   |   |
| Other Black background |  |   |   |   |   |

**Section 5: Declaration**

**I can confirm that the information provided on this form is accurate and correct. I understand that any false information may result in my application being refused or my placement being cancelled.**

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| **Print Name** |  |
| **Signature** |  |
| **Date**  |  |

**Section 6: Consent- Parent/guardian to complete**

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| --- | --- |
| **Parent/Guardian Print Name**  |  |
| **Signature** |  |
| **Date**  |  |