Dorset Council

Work Experience Application Form

Applicant Details

Name:	DoB:
Address:	
	Postcode:
Contact no:	Email:
Emergency contact name and no:	
Are you related to an FUS employee? *Yes* ☐ *No* ☐	
If yes, please provide details:	
Do you consider yourself to have a disability that may require additional support in order for you to carry out the placement? *Yes* ☐ *No* ☐	
If yes, please provide details:	
Please provide details of any medical condition that may affect your work experience. If you are on any type of medication give details of what it is and how often you have to take it:	

School / Referring Agency Details

Name and address of school:	
	Postcode:
School year:	
School placement co-ordinator:	
Contact no:	Email:

Placement Details

Preferred dates of placement:
Area of interest:
Preferred placement location(s):
Placement job title:
Supporting statement (please provide details on your interests, why you would like work experience at Ferndown Upper School, your career aspirations and what you would like to gain from this work experience):

Applicant's Signature

I confirm that all the information provided on this application form is correct.	
Signature:	Date:

Consent

I consent to my personal information being used for the purpose of Work Experience placements. ☐	
Signature:	Date:

Consent For Students Under 18

Parent/carer As parent/guardian of the above-named student, I confirm that I consent to my son/daughter participating in the Work Experience scheme. ☐	
Signature:	Date:

Do you know how and why Dorset Council may collect your personal information? Our HR & OD Privacy Notices explain how your data may be used when applying to work for, or when employed by, Dorset Council.

Please return the completed application form and a copy of your CV to: andreabaxter@fernup.dorset.sch.uk at least 4 weeks prior to your preferred placement dates.

For office use only

Employer's agreement received	Placement confirmed	Applicant notified	Acceptance/rejection received