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| **Place2Be Work Experience Application Form**  |
| Applicant Information |
| Title |  | First Name |  | Last Name |  |
| House Number/Name |  | Street |  |
| Town/City |  | County |  | Postcode |  |
| Mobile Phone |  | Home Phone |  | Email Address |  |
| D. O. B |  | Year Group or Level of Study (e.g G.C.S.E ) |  |
| Emergency Contact Details | (Name, number, address) |
| Current Place of Study (name and address) |  | If under 18,Work Placement Coordinator(Name, Email Add, Telephone) |  |
| If you are 18 or over- Please confirm that you are eligible to work in the UK | YES / NO | Is this eligibility dependent on any type of visa? *(Delete as appropriate)* | YES / NO |
| Have you previously worked for Place2Be or taken part in work experience? | YES / NO | If so, please give details |  |
| Have you previously volunteered for Place2Be? | YES / NO | If so, please give details |  |
| Have you previously applied for a role with Place2Be? | YES / NO | If so, which role(s)? |  |
| Where did you hear about the work placement/experience position? |  |
| Are you related, to/or do you have a personal relationship with any employee of Place2Be? |  |
| Please tell us if there are any reasonable adjustments we can make to assist in your application? |  |
| Please tell us if there are any reasonable adjustments we can make during your placement to enable you to undertake this? |  |
| Please indicate your preferred work experience days – we’ll do our best to accommodate you on your preferred dates, however, if your preferred option is oversubscribed, you will be allocated an option that’s free. | 🞏 Option 1: 05 – 07 July 🞏 Option 2: 07 – 09 July 🞏 Option 3: 12 – 14 July🞏 Option 4: 14 – 16 July 🞏 Any  |

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| Supporting Statement |
| Please use this space to write a supporting statement explaining what interests you about working in the mental health sector and how the programme aims will help you in the future.Please write no more than **300** words. |
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