**Shropshire Council**

**Work Experience Application Form**

Please complete the form and return via email to upskill@shropshire.gov.uk

**Personal details**

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| Name: |
| Date Of Birth: |
| Home Address: |
| Contact Telephone Number: |
| Email Address: |
| Gender (Male/Female):  |
| Name of school, college or establishment (including address): |
| If you’re at School or College, please provide the name of your work placement co-ordinator:Contact email address:Contact telephone number: |

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| Do you consider yourself to have a disability:Yes [ ]  No [ ]  If you have answered “yes”, do you require any reasonable adjustments if we’re able to source you a work experience opportunity. |
| Do you have any medical conditions we would need to be aware of?Yes [ ]  No [ ]  If yes, please provide details. |

Are you related to anyone that works at Shropshire Council? Please provide their name and which service area they work within

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What type of work experience would you like to undertake? Please indicate the type of job you are interested in. Please list at least two different areas of Shropshire Council you would be interested in.

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Please make a brief statement and tell us about yourself and why you would like to undertake a placement with Shropshire Council.

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| *Minimum 200 words.* |

**Placement details:**

Date of proposed placement: …………………………………………

Preferred area of placement: …………………………………………

Duration of proposed placement: …………………………………….

Please indicate the days and hours you would be available/required to work during the placement:

|  |  |
| --- | --- |
| Day  | Hours- standard hours are 8:45- 5:00pm |
| Monday [ ]  |  |
| Tuesday [ ]  |  |
| Wednesday [ ]  |  |
| Thursday [ ]  |  |
| Friday [ ]  |  |

**Data Protection:**

The information provided in this application will be held securely in Human Resources. Information may be sent to relevant departmental representatives and potential supervisors so that we can progress your application.

I consent to the information given being held and used in this way, and I confirm that all the information supplied is true, to the best of my knowledge.

**Further information**

For further details as to how the Council uses your information please see our full privacy notice, which can be found on our website here: <https://shropshire.gov.uk/media/15083/upskill-apprenticeship-levy-privacy-notice.pdf>

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| Signature- Applicant  | Please print name:  | Date:  |
| Signature- Parent/Guardian/College Representative | Please print name:  | Date:  |