



# Work Experience Application Form

The main reason for this form is to help us get an understating of your interests so we can ensure that you receive work experience that is right for you.

## 1. About You

Full Name

Address (including postcode)

Email address

Home Telephone

Mobile Telephone

## 2. Education Institution Details

Fill in this section if you are from any kind of educational establishment, if you have been referred from elsewhere jump to section 3.

Name of educational institution

Year

Course / Subject

Contact Name

Contact Email

Contact Number \*

\* Contact number is important as we may need in an emergency.

### 3. Referral details

Name of referring organisation

Contact Name

Contact Email

Contact Number \*

\* Contact number is important as we may need in an emergency.

Provide further information if needed

### 4. Work Experience Dates

When would you like your placement to be? We will try to accommodate your request but cannot guarantee this.

Start Date\*\*

End Date

\*\* We carry out work experience in a morning Monday to Thursday

## 5. Personal statement

Please provide details on your interests, your reason for wanting work experience at Bolton FM and your career aspirations.

## 6. Disabilities

Do you consider yourself to have a disability?

Yes     No     Prefer no to say

If you have a disability please indicate any additional needs arising from disability. i.e. wheelchair access, visual or hearing aids. \*\*\*

\*\*\* The main studio is equipped with a hearing loop