|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Placement Application**  **Work Type:**  **Outdoor Worker / Catering / Maintenance**  (Please circle preferred)  **Preferred Site:**  **High Ashurst / Henley Fort /**  **Thames Young Mariners** | | | | | | Please complete in **black** ink or type and return to:  **Susy Marsh**  **High Ashurst OEC, Mickleham, Dorking, Surrey. RH5 6DQ**  **E-mail:** [**susy.marsh@surreycc.gov.uk**](mailto:susy.marsh@surreycc.gov.uk) **and**  [**outdoor.training@surreycc.gov.uk**](mailto:outdoor.training@surreycc.gov.uk)    **Tel no:** **01372 378901** | | | | |
| **1.** | **PERSONAL DETAILS** | | | | | | | | | |
| Surname and Title | | | |  | | | | | | |
| First Name | | | |  | | | | | | |
| Address | | | |  | | | | | | |
|  | | | |  | | | | | | |
|  | | | |  | | | | | | |
| Post Code | | | |  | | | E-mail address | | |  |
| Home telephone number | | | |  | | | Mobile Number | | |  |
| Next of Kin name | | | |  | | | Next of Kin – Contact no. | | |  |
| Placement Coordinator Name | | | | |  | | Placement coordinator E-mail address | |  | |
| May we contact your coordinator for a reference / further details? | | | | | Yes / No | | Placement coordinator Contact no. | |  | |
| **2.** | **EDUCATION AND QUALIFICATIONS** | | | | | | | | | |
| What School / College are you attending? | | | | | | | | | | |
| General Education | | | School, College or University | | | | | Examinations taken/to be taken and | | |
| From | | To | qualifications obtained | | |
|  | |  |  | | | | |  | | |
|  | |  |  | | | | |  | | |
| **3.** | **LEARNING OUTCOMES** | | | | | | | | | |
| Please list the learning outcomes for your placement with us. | | | | | | | | | | |
|  | | | | | | | | | | |

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| **4.** | **PLACEMENT DETAILS** | |
| Please give details of dates / no. of hours required / preferred days for your placement | | |
|  | | |
| **5.** | **EXPERIENCE AND ACHIEVEMENTS** | |
| You are invited to provide further information in support of your application. | | |
|  | | |
| Have you ever been convicted of a criminal offence or received a caution, reprimand or warning? | |  |
| If yes, Please give further details | | |
| **6.** | **ADDITIONAL NEEDS** | |
| Do you have any particular requirements / medical conditions we should be aware of? | | |
|  | | |