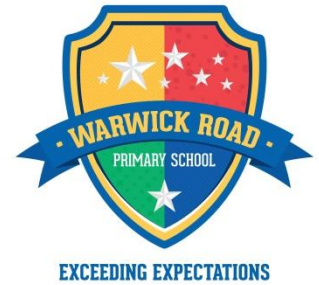


Work Experience Request Form (School Pupils Only)



Personal Details

Name					
Address including Postcode					
	Email address				
DOB		Tel No		Mobile No	
Ethnicity	First Language			Other languages	
Do you have any special needs?					
Do you have any medical conditions we should be aware of?					

Name of School	Name of Contact Person & Telephone Number	Qualification working Towards (ie GCSEs etc)

Which age group would you like to work with?

	Please tick
EYFS - Nursery/Early Years (children aged 3- 5 years)	<input type="checkbox"/>
KS1 – Years 1 -2 (children aged 5 – 7 years)	<input type="checkbox"/>
KS2 – years 3 -6 (children aged 7 – 11 years)	<input type="checkbox"/>
No preference	<input type="checkbox"/>

Please state placement start and end dates:

.....

Are you related to any children in school? <small>NB: It is school policy NOT to place volunteers in a class with family members</small>	Name(s): Class(es) Relationship to child(ren)
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Personal Declaration

I hereby apply for a placement at Warwick Road School. I agree to abide by all school policies.

Signature: Date:

Warwick Road Primary School assures all applicants that their personal information on this form will be kept secure. Student information will not be passed on to third parties without prior consent unless legally obliged to do so. Data may also be stored on a database and shared electronically in accordance with the above

OFFICE USE ONLY

Class Dates

Please return this application form to: office.warwickroad@kirkleeseducation.uk