

WORK EXPERIENCE APPLICATION FORM



Name:

Address:

Home Phone Number:

Mobile:

E-mail:

D.O.B:

Emergency Contact Details

Name	Phone Number	Relationship

Education History

School/College/University Name and Address	Dates		Qualifications
	To	From	

Employment History

Name and address of most recent employer	Dates		Job title and work involved	Reason for leaving (if appropriate)
	To	From		

Which placement duration are you applying for?

One/Two-week block		One session per week for one term	
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What dates would you be able to attend your work experience placement? (Please state as many as possible.)

If possible which sectors would you like to be involved with?

Administration		Working directly with the children	
Fundraising		Charity shops	

How did you hear about The Rainbow Centre's Work Experience Scheme?

Educational institute		Newspaper	
Poster		Friend	
Website		Other (Please state)	

Do you have any previous experience of working with children?

Yes		No	
If yes, please give details			

Please use this space to add anything which you feel may support your application.

Do you have a valid Criminal Records Bureau (CRB) check?

Yes		Please bring the original with you to any interview (Disclaimer Number only will be retained for our records).
No		Everyone is required to have one. You should be prepared to undergo a full Criminal Records Bureau (CRB) disclosure.

Data Protection Statement:

Your details will be recorded securely on our database and held in accordance with the 1988 Data Protection Act, They will not be disclosed to anyone else without your express prior permission.

In the case of child protection issues, your data may be used or passed on for specific purposes allowed for by law. For more information please refer to The Rainbow Centre's Policy and Procedures Manual, page 27.

We do however like to keep our volunteers and supporters informed of our fundraising activities, as this directly supports our Conductive Education services. If you **DO NOT** want to receive information about events, activities and fundraising at the Centre please tick the box:

I believe the information I have given to be true and accurate.

Signed:..... Date:.....

Office Use Only

Registered by:		Date:	
Approved by:		Date:	
Letter of confirmation sent:	YES/NO	Date:	
Rejected:		Date:	