



**SOUTH CRAVEN SCHOOL
WORK EXPERIENCE STUDENT APPLICATION FORM**

w/c 13th – 17th May 2024

Name:	Form:
D.O.B:	
Address:	
Home Tel No:	Mobile:
<p>Please list any health problems/disabilities/dietary or social learning issues that could affect your suitability for work in certain situations: (e.g. asthma, eczema, epilepsy, colour blindness etc)</p> <ul style="list-style-type: none">•••• <p><i>For the safety of the student any <u>health</u>-related issues may be disclosed to the employer and will be kept strictly confidential.</i></p>	
PLACEMENT DETAILS:	
Company Name:	
Company Address:	
Contact Person:	
Tel No:	
Email Address:	
Student Signature:	
Parent Signature:	
Date:	

I understand that in order for my child to participate in work experience and to comply with the school's privacy statement, the school will need to collect the following data about your child; date of birth, dietary requirements, medical information and student/parent/carer contact details.

This form must be completed and returned to Mrs Burton in the Careers Hub no later than 8th January 2024.