



**SOUTH CRAVEN SCHOOL SIXTH FORM
ENRICHMENT WEEK STUDENT APPLICATION FORM**

w/c 15 – 19 July 2024

Date if different to the above w/c _____

Name:	Form:
D.O.B:	
Address:	
Home Tel No:	Mobile:
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) • • • • <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>	
Work Experience Placement (Tick)	Voluntary Work(Tick) i.e placements that are outside the school's geographical district or during school holidays.
<i>Choose only one of the above options</i>	
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 schools 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 15 March 2024.