

## WORK EXPERIENCE APPLICATION FORM

### Personal Details

Mr/Mrs/Miss/Ms		Address (inc post code):
Surname:		
First Names:		
Date of Birth:	Age:	
Mobile :		
		Email:

### School/College (if applicable)

Name of School/College:  Telephone Number:  Name of Work Experience Co-ordinator:  Year Group (you will be in when undertaking work experience):	Subjects being studied currently:
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### When would you like your placement to be?

We will try and accommodate your request but cannot guarantee this

From (dd/mm/yyyy)

To (dd/mm/yyyy)

**Please give a brief summary (approx 100 words) of why you are applying for this work experience placement and any additional information that you feel is relevant.**

**Please list 3 – 4 key objectives you wish to meet whilst on work experience placement with us**

**What would be your ideal job when you leave school/college**

**Thank you for completing this application form, please complete and send back as detailed below together with a copy of your CV.**

**We will endeavour to respond to you within 4 weeks of receipt of your completed form.**

**Signature of student..... Date.....**

Please return this form to: Work Experience Placement Co-ordinator  
Park House Veterinary Centre  
108 Lichfield Road  
Stafford  
ST17 4ER  
Email: [placements@parkhousevets.co.uk](mailto:placements@parkhousevets.co.uk)

**For office use only**

Date received	Response Email sent	Interview date	Placement confirmed Y/N	Student notified of acceptance/ rejection