**WORK EXPERIENCE APPLICATION FORM**

**Student Information**

|  |  |
| --- | --- |
| Name of Student: |  |
| Date of Birth: |  |
| E-mail Address : |  |
| Telephone Number: |  |
| Full Address: |  |

|  |  |
| --- | --- |
| Work Experience Dates: |  |

**Emergency Contact Details**

|  |  |
| --- | --- |
| Name: |  |
| Relationship : |  |
| Telephone Number : |  |
| Mobile Number: |  |
| Full Address: |  |

**Medical History**

Are there any health problems or disabilities that need to be considered prior to finding suitable work experience within Dwr Cymru Welsh Water?

E.g. Asthma, Epilepsy, Impaired Colour Vision, Hearing etc

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**School Subjects**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School/College / University | Dates | |  |  | Grades | |
| From | To | GCSE/Other | Subject | Achieved | Expected |
|  |  |  |  |  |  |  |

Which subjects do you particularly enjoy?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Which department would you like to carry out your work experience with Dŵr Cymru Welsh Water and why?**

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| **Why do you want to participate in work experience with Dwr Cymru Welsh Water?** | |
| 1 |  |
| 2 |  |
| 3 |  |

|  |  |
| --- | --- |
| **How do you feel the placement will help you in the future?** | |
| 1 |  |
| 2 |  |
| 3 |  |

**Student Character Reference**

Please could the teacher/tutor complete a character reference for the student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| Student Signature: |  |
| Teacher/ Tutor Signature: |  |

**Please forward a copy of this form to the Talent Development team.**