

## WORK EXPERIENCE APPLICATION FORM

**Please note** – ALL of the sections of this form must be completed in order to progress the application, if anything is missing the form will be returned which will delay the process.

<b>APPLICANT INFORMATION</b>			
Surname		First name	
Home Address			
		Postal Code	
Phone		Mobile	
E-mail Address			
<b>EMERGENCY CONTACT DETAILS</b>			
1 <sup>st</sup> Contact Name			
Phone		Relationship	
2 <sup>nd</sup> Contact Name			
Phone		Relationship	
<b>EDUCATION</b>			
Name of School Attended			
School Address			
School phone		Class attended	
School contact			
<b>DETAILS OF WORK EXPERIENCE APPLIED FOR</b>			
State your area of preference	1 <sup>st</sup> choice:		
	2 <sup>nd</sup> choice:		
	3 <sup>rd</sup> choice:		
Desired weeks of placement			
Preferred time frame (please tick)	1 week ·	2 weeks ·	Other (please specify)
<b>REFERENCES</b>			
<i>Please list references. One should be from your current school.</i>			
Full Name		Relationship	
Company		Phone	
Email address			
Address			
Full Name		Relationship	
Company		Phone	

Address	
Email address	

**PERSONAL STATEMENT**

*In this statement could you please provide the following information:  
your interests, your reasons for wanting work experience at Wirral University Teaching Hospital, and what your career aspirations are for the future (max. 100 words)*

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**DISCLAIMER AND SIGNATURE**

I certify that the information provided is true and complete to the best of my knowledge.

Signature

Date