

Student Placement and Work Experience Application Form

Full Name  
Address

Telephone Numbers  
Home  
Mobile  
email

Date of birth  
National Insurance Number

Next of Kin  
Relationship  
Address

Telephone Numbers  
Home  
Mobile  
email

Name of School/college  
Address

Course attending and year;  
Name of Tutor

Telephone Number  
email

Skills you can offer whilst on placement

Languages spoken and/or written

Key areas you wish to learn or experience

School work experience dates:

Attendance hours will be 8.30-4.00 with 45 minute lunch break

Please indicate times, dates and age groups you would prefer for your student placement

Early years 2 room with 2-3 year olds

	Mon	Tue	Wed	Thur	Fri
AM 8.30-12.30					
PM 12.30-4.00					

Nursery school with 3-4 year olds

Monday and Tuesday 8.30-4.00	
Thursday and Friday 8.30-4.00	
5 Mornings Mon-Fri 8.30-11.45	

Family support

	Mon	Tue	Wed	Thur	Fri
AM 8.30-12.30					
PM 12.30-4.00					

When would you ideally like your placement to start and finish?

**Placements are for a minimum of 2 sessions per week for at least 6 weeks.**

Any other comments

Do you have a current DBS check      NO / YES

DBS number

Date of issue

Setting /type

Checked by

(Staff name)

**Please note that an application does not guarantee a placement.**

**All submissions will be considered on an individual basis and we aim to contact you within four weeks.**

Date Completed :