**APPLICATION FOR WORK EXPERIENCE**

(PLEASE USE BLOCK CAPITALS WHEN COMPLETING SECTION ONE)

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| **SECTION ONE** |
| JOB TITLE AND DEPARTMENT OF WORK EXPERIENCE APPLIED FOR |
| PREFERRED WEEK IN ORDER OF PREFERENCE (WITHIN AVAILABLE PERIOD STATED ON THE ADVERT)FIRST PREFERENCE WEEK BEGINNING MONDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO FRIDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SECOND PREFERENCE WEEK BEGINNING MONDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO FRIDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_THIRD PREFERENCE WEEK BEGINNING MONDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO FRIDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SURNAME: |
| FIRST NAME: |
| EMAIL ADDRESS: |
| TELEPHONE NUMBER: |
| EMERGENCY CONTACT NAME AND NUMBER (FOR DURING PLACEMENT) |
| AGE AND YEAR GROUP (IF UNDER 18) (Please note that if you are under 18 and this request has not come via your school we will need a letter from a parent providing permission for this placement).**PLEASE ASK YOUR PARENT/GUARDIAN TO COMPLETE THE PARENT/GUARDIAN CONSENT (SECTION FOUR)** |
| MEDICAL INFORMATION(Please provide information on medical conditions./special requirements/current medication/doctor’s contact details if applicable) |
| NAME, ADDRESS AND CONTACT DETAILS OF CURRENT SCHOOL (IF APPLICABLE) |
| NAME AND CONTACT DETAILS FOR YOUR SCHOOL’S WORKPLACE COORDINATOR (IF APPLICABLE)  |
| PLEASE STATE ANY OTHER WORK EXPERIENCE PLACEMENTS YOU HAVE APPLIED FOR WITHIN THE UNIVERSITY OF MANCHESTER LIBRARY DURING THIS ACADEMIC YEAR |
| **SECTION TWO** |
| WHY WOULD YOU LIKE TO UNDERTAKE A PLACEMENT AT THE UNIVERSITY OF MANCHESTER LIBRARY |
| WHY SHOULD WE SELECT YOU FOR A PLACEMENT: |
| **ADDITIONAL INFORMATION** (If the work experience placement you are interested in asks for additional information please provide this below)  |
| **SECTION THREE** |
| **Data Protection**: The University of Manchester will use the information you have supplied for the purpose of administering this work experience placement only. It will treat this information in accordance with theUK Data Protection Act 2018. The data will be kept confidential and will not be supplied to any third party.  The data will only be seen by those individuals within the University who need to see it and will be destroyed at the end of the current academic year.

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The information given on this form is accurate to the best of my knowledgeSigned Date |
| **SECTION FOUR** |
| **PARENTAL/GUARDIAN CONSENT**I give consent for my son/daughter to undertake work experience with the University of Manchester Library. I consent to my son/daughter receiving treatment by a qualified First Aider if required. I acknowledge and agree that, in the unlikely event of any serious accident or medical incident involving my son/daughter, the University will act on medical advice received in relation to my son/daughter and I consent to this.  I acknowledge that, in the unlikely event of any serious accident or medical incident involving my son/daughter, the University will try and contact me as soon as possible. Signed DatePrint Name Relationship  |
| **FOR OFFICE USE ONLY** |
| DATE RECEIVED: |
| PLACEMENT ARRANGED: YES/NO |
| PLACEMENT DETAILS (IF APPLICABLE) |