

Central Berkshire Education Business Partnership

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An independent company since 1993, working to bring together Education and Business

2010 Student Block Work Experience Application Form

PLEASE RETURN ALL FORMS TO YOUR TUTOR

Dates of WEX: 12 July-16 July Return by: DEADLINE FOR **ALL** FORMS FRI 15 JAN 2010

School: Denefield Co-ordinator: Miss L Brittain

To be completed by student in black ink and in block capitals:

Sex - M/F

Name: _____ Date of Birth: ___/___/___

Address: _____

_____ Tutor Group: _____

_____ Home Phone: _____

Postcode: _____ Emergency Phone: _____

SAT Details – please detail your SAT scores for the subjects below (if known)

ENGLISH		MATHEMATICS		SCIENCE	
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Skills and Preferences Sought

Please tick SIX of the preferences detailed below. Consider which skills you would like to use or which skills you would like to develop. These will help us on deciding a suitable placement for you.

<i>A Placement...</i>	✓	<i>A Placement...</i>	✓	<i>A Placement...</i>	✓
WORKING AS PART OF A TEAM		WORKING WITH NUMBERS		USING WRITTEN SKILLS	
WORKING OUTSIDE		WORKING INDEPENDENTLY		USING CREATIVE SKILLS	
WORKING WITH TOOLS & EQUIPMENT		WORKING INSIDE		PROBLEM SOLVING	
WORKING WITH ICT		WORKING WITH ANIMALS		ORGANISING & PLANNING	
TALKING ON THE TELEPHONE		TALKING TO CUSTOMERS		CARING FOR OTHERS	

You will have the opportunity to detail your preferred type of placement on the back of this form

Travel

Tick which areas you can travel to (remember that you may be placed in any of the areas you tick)

Central Reading Tilehurst Caversham Woodley
 Lower Earley Earley Wokingham Winnersh
 South Reading Shinfield Burghfield Twyford

"Remember, the more areas you can travel to, the better chance you have of getting the placement you want."



Other areas you can travel to: _____

Please tick what forms of transport you can take

Train Bus Cycle Walk Parental Lift To: _____

To be completed by student:

In support of your application, please complete the following statements:

(Incomplete forms will not be accepted, and will be returned to the school, delaying your placement)

1) From my experience of the world of work, I would like to learn.....

2) After my GCSE's, I plan to.....

3) What are your hobbies and interests.....

4) Tick 6 boxes to choose your preferred type of placement from the table below:

Animal Care		Schools		Childcare		Retailing	
Factories/Workshops & Warehouse		Engineering/Construction Related		Automotive Related		Restaurants & Catering	
Hairdressing & Beauty		Health / Social Care		Horticulture/ Conservation		Hospitality	
Science Related		Leisure Industry		Office		Finance	

To be completed by Parent/Carer:

I/we have read and fully understand this form and will support my/our child's placement choices and travel arrangements. I am/we are aware that it is an experience of work and NOT specialist training for a specific or future career. I am/we are aware that a £50.00 charge may be incurred if a placement that meets the requirements on the front of this form is found, and subsequently cancelled or changed. I am aware that my/our child's details will be provided to employers to assist with the arranging of work experience and for the employer to use in the event of an emergency—if you do not wish this to happen, please tick here

Signed: _____ Date: _____

Medical & Health History

We need to establish whether your child has a medical history which could make a placement unsuitable for them. Many employers are understanding of medical conditions, and if made aware of them, can plan and structure the placement to suit the individual student.

We would be grateful if you could complete the table below, sign it and return with your child's application form. Please contact the school if you require any assistance with this.

Does He/She:	Yes/No	Does He/She:	Yes/No
Have any restrictions of normal physical activity or games?		Have skin allergies or eczema?	
Have bronchitis, asthma or chest complaints?		Have a hearing difficulty or discharging ears?	
Have heart disease affecting capacity for physical tasks?		Have diabetes?	
Experience fits or fainting attacks?		Have significant colour vision defect or other visual disability?	
Have a learning difficulty which might affect their ability to understand or act on instruction?		Have any other health problems (including the need for regular medication)?	

If you have answered YES to any of the above, please attach a separate letter giving details.

SIGNED: _____ DATED: _____



Information contained within this application form will be used in accordance with the 1998 Data Protection Act. For further information on how this personal information will be handled, please contact us on 0118 933 8668