

**Work Experience and Volunteering Application Form**

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| Pre-agreed Work Experience placements: Please complete the following if a placement has already been agreed by a City of Doncaster Council team. |
| Council employee name:  Email:  Telephone:  Location of placement:  Dates of placement: |

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| Personal Details | | |  |
| Forename(s): | | | **Surname:** |
| Address: | | | **Email Address:**  **Contact Number:** |
| Emergency Contact Details (name of parent/guardian/partner):  Relationship:  Contact Number: | | |  |
| Do you have a disability?  Yes No If yes, please specify:  Thinking of your placement and the work you may get involved in, can you highlight any conditions that may require support or a reasonable adjustment to be made? Please specify:  Have you ever been barred from working with children and/or vulnerable adults? (Yes/No) | | | |
| Occupational Status (What is your current occupational status)? | | | |
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| Attending school (11-16) | |  | |
| Attending Course Sixth Form/College (16-18) | |  | |
| Attending a higher education institution (student, 18+) | |  | |
| Returning to work | |  | |
| Jobseeker through Department for Work and Pensions (DWP) | |  | |
| Other (please specify) | |  | |
|  | |  | |
| Education Establishment (if applicable) |  | | |
| School/college name |  | | |
| Work experience Co-ordinator Name |  | | |
| Work experience Contact details | School Year/Year of study | | |

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| Education Details |
| Please provide brief details of qualifications you have gained or are studying for, plus any relevant training undertaken. Please include predicted grade, if available.   |  |  |  |  | | --- | --- | --- | --- | | Date of Qualification | Qualification Name | Organisation | Grade/Predicted grade | |  |  |  |  | |  |  |  |  | |

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| Work Experience/Employment Details | |
| Please give a brief description of any paid or unpaid work experience or employment you have.   |  |  |  |  | | --- | --- | --- | --- | | Start Date | Finish Date | Employer | Position held & responsibilities | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| Placement Request |
| We believe that placing students in a department in which they have a particular passion is key to maximising the benefit of work experience placements. Therefore, we encourage all applicants to provide as much information as possible to demonstrate their suitability and enthusiasm for working with a particular team.  Which Team would you like to work with?  Date of work experience: From: To: |

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| Skills and Qualities: |
| Please tell us   * why you are interested in the opportunity above * why you want to undertake work experience with City of Doncaster Council * what skills and qualities you have that relate to the work experience opportunity above * considering the choices you have made, what are you hoping to gain from this placement * how will work experience with us help you follow your career path |
| What ICT skills do you have and what software packages are you comfortable with using? |

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| Other Information |
| Please provide any further information you may have to support your application (Including hobbies and Interests) |

**Permissions**

There may be occasions when you are asked to travel alone with council staff in vehicles at any site across the borough and outside of the borough. Do you give your consent for this? Yes ☐ No ☐

There may be occasions where you are asked to have your photo taken. This could be used for promotion or marketing material. Do you give your consent for this? ☐ Yes ☐ No

If we cannot offer you a placement, do you give consent for the information on this application form to be shared with the following, who may have other opportunities for you?

St Leger Homes ☐ Yes ☐ No Job Centre Plus ☐ Yes ☐ No

**I confirm that the details I have provided are accurate and correct. To the best of my belief, I note that the information on this application form will be held no longer than necessary and may be further processed or verified in accordance with the Data Protection Act 2018.**

**Signature: …………………………………………………………………..……………… Date:……………………………**

**Parent/Carer (if under 18):……………….…………………………………………. Date:…………………………….**

**Name: …………………………………………………………………… Relationship: ……………………………………..**

**Please return completed form to** [**wepr@doncaster.gov.uk**](mailto:wepr@doncaster.gov.uk)