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| --- |
| **Filling out this form** This form should be completed by the applicant. Please complete the form on screen, save it and then email it to [workexperience@sussexwt.org.uk](mailto:workexperience@sussexwt.org.uk) .  If you have any questions, contact us using the email above or call 01273 497516.  The main reason for this form is to help us get an understating of your interests so we can ensure that you receive work experience that is right for you. |

**Section 1: About you**

|  |  |
| --- | --- |
| Full name |  |
| Date of Birth |  |
| Address (including post code) |  |
| Mobile telephone |  |
| Home telephone |  |
| Email address |  |

**Section 2: Current status**

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of educational institution |  | | |
| Year of course |  | Course being studied |  |

**Section 3: Further details**

**Personal statement (maximum 250 words)**Please provide details on your interests, your reason for wanting work experience at the Wildlife Trust, what you would like to get out of your experience and your career aspirations.

|  |
| --- |
|  |

Which department of the Wildlife Trust would you like to carry out your work experience in?

|  |  |
| --- | --- |
| **Department** | Y/N |
| Land Management |  |
| Conservation Policy & Evidence |  |
| Fundraising & Communications |  |
| Learning & Engagement |  |
| Finance, IT, & other office functions |  |

Not all functions are carried out at our Woods Mill head office; are you willing to make your own way to another site?

|  |  |
| --- | --- |
| Y | N |

When would you like your placement to be? We will try to accommodate your request but cannot guarantee this.

Choice One

|  |  |
| --- | --- |
| From (dd/mm/yyyy) | To (dd/mm/yyyy) |
|  |  |

Choice Two

|  |  |
| --- | --- |
| From (dd/mm/yyyy) | To (dd/mm/yyyy) |
|  |  |

Does your course require your placement to take place 1 day a week for X weeks rather than Monday – Friday for 1 or 2 weeks?

|  |  |
| --- | --- |
| Y | N |

If yes, which is your preferred placement day?

|  |
| --- |
|  |

**Section 4: Reference**

Please provide the details for a single referee.

|  |  |
| --- | --- |
| Full name |  |
| Address (including post code) |  |
| Telephone |  |
| Relationship (tutor / parent etc.) |  |

**Section 5: Next Steps**

Thank you for your expression of interest; we hope to accommodate as many work experience placements as possible. Please email this form to the address listed. We will endeavour to be in touch within 14 days of receiving your application. Your application will be assessed on the following criteria:

* **Date availability**
* **Your personal statement**
* **How we can meet your expectations for the placement**

Should you be successful you will be made a conditional offer and are required to complete an Acceptance & Medical Consent form; this form will record information such as emergency contact details, medical information, additional requirements, skills and competencies and any other information relating to interests and the placement. Once this form has been returned we will assess any adjustments that need to be made to accommodate you and confirm if your placement will be able to go ahead.