Work Placement Request/Application Form

**Section 1: Your details**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth: |  |
| Address (incl. postcode): |  |
| Contact Number: |  |
| Email address: |  |

**Section 2: School/College/University/Supporting Organisation contact details**

|  |  |
| --- | --- |
| Organisation Name: |  |
| Contact Name: |  |
| Contact Number: |  |
| Email address: |  |

**Section 3: Placement details/preferences**

|  |  |
| --- | --- |
| Type of placement you are applying for: |  |
| Proposed start date: |  |
| Proposed duration: |  |
| Hours available to work per week/day: |  |
| Preferred location: |  |
| Do you hold a current DBS certificate?  (This is a **check** of your criminal record carried out by the Disclosure and Barring Service) |  |

**Section 4: Supporting statement**

We ask that you to provide some information about your application, this could include why you think you are suitable for a placement, what you think you might get from the placement, or future career plans.

If you’re attending school or college ask a teacher or advisor for help if you need it, if you don’t attend school or college please ask someone who can act as your referee to explain why you’re suitable for a placement.

|  |
| --- |
| What would you like to get from your placement (skills, knowledge)? |
|  |
| To provide appropriate support during the work placement, is there any additional information or specific support Norse need to be made aware of? |
|  |

Tutor/Referee Name: Signature:

**Section 4: Objectives**

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| --- |
| The work placement should provide you will a range of new experiences, skills and knowledge. What objectives would you like to achieve whilst on your placement? |
| 1. |
| 2. |
| 3. |

**Section 5: Declaration**

Some of our placements are positions that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 that allow convictions to be regarded as ‘spent’.

Consequently, all applicants must state whether they have any convictions, cautions or bind-overs. Any information will be treated with the strictest confidentiality but may need to be taken into consideration when considering placements.

I have read the statement above and (please tick whichever statement applies):

* I have nothing to declare
* I have information to declare and agree to provide Norse with the relevant details

I confirm that the information given on this application is correct. I understand that any false may result in my application being refused or my placement being cancelled.

Parent or guardian’s signature (if under 18)

Print name:

Signed:

Date:

This form should be returned via email to skillshub@norsegroup.co.uk