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|  | **Application Form for Work Placement**  (Currently offered at Fairfield Animal Centre and The Weavers Pub) |
| You must complete all sections of the Application Form in black ink or electronically. We will use this form to help us decide on your suitability for a placement. **By completing this application form you agree to your personal data being kept on file after the interview (if applicable) process for 6 months regardless of whether you are successful or not.** | |

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| **About you:** | | | | | | |
| **First name:** |  | | | | | |
| **Surname:** |  | | | | | |
| **Date of Birth:** |  | | **Age:** | |  | |
| **Living arrangements (please tick)** | With mum/dad/  carer | Supported living | | STEPS | | On my own |
| **Home address and postcode:** |  | | | | | |
| **Home telephone:** |  | | **Mobile telephone:** | |  | |
| **Email:** |  | | | | | |

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| **Who supports you that we can contact?** | | | |
| **Mum/dad/carer or care provider name:** |  | | |
| **Their address and postcode:** |  | | |
| **Contact telephone:** |  | **Email:** |  |
| **Emergency contact name:** |  | **Telephone and email:** |  |
| **Care provider (if in supported living):** |  | **Telephone and email:** |  |
| **Social worker or SEND Lead Worker:** |  | **Telephone and email:** |  |
| **School/College Key Contact name:** |  | **Telephone and email:** |  |

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| **Where would you like your work placement to be?** | Fairfield Animal Centre | | The Weavers Pub | |
| **What do you hope to gain from the work placement?** | To learn new skills | Training to help find other work | Working with people and animals | To develop confidence |
| **Have you undertaken any previous work experiences? Please give details.** |  | | | |
| **How can we best support you when you are on work placement?** |  | | | |
| **Please give details of any safeguarding incidents.** |  | | | |
| **How many days a week would you like to attend and what days would be preferable?** |  | | | |
| **How will you be travelling to and from your work placement?** | Bus | Walk | Taxi | Parent/  Carer |

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| **Do you have any medical conditions we need to know about?** | **Yes** | **No** |
| **If yes, please provide details of conditions, medication, allergies and dietary requirements. How can we support you with these?** | | |
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| **General Declaration**  To the best of my knowledge the information that I have provided on this form is correct. I understand that work experience undertaken at Fairfield Trust does not confer employee status: | | | |
| **Signed:** |  | **Date:** |  |
| **Print name:** |  | | |
| **For Applicants aged under 18 years, parent/guardian must give consent for you to work with us:** | | | |
| **Signed:** |  | **Date:** |  |
| **Print name:** |  | | |

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| **References** | |
| Please provide details of two referees who can comment on your suitability to undertake a work placement: | |
| **Referee 1** | **Referee 2** |
| **Name:** | **Name** |
| **Relationship to applicant:** | **Relationship to applicant:** |
| **Position:** | **Position:** |
| **Address:** | **Address:** |
| **Telephone:** | **Telephone:** |
| **Email:** | **Email:** |

**Please note:**

* **There will be a charge of £55 per day for your work placement.**
* **Work placements are designed for young people up to the age of 25.**
* **Young people attending work placements will need to be able to do so without external support.**
* **It is assumed that we can use any images or videos of you working at FAC or the Weavers pub on our website, social media and for advertising, unless you tell us that you do not want us to do so.**
* **Please advise us immediately of any changes to all the above.**

**As part of your work placement, you will be able to build your confidence and develop your resilience. You will learn to work in a team as well as independently. You will develop your communication and listening skills and learn to follow instructions. You will be able to gain an understanding of behaviour at work and understand your rights in a workplace.**