| Work Experience at Children of the Forest | Application form |
| --- | --- |
| Before applying, please read the ‘Work Experience Information Form’ on our website to ensure to know what the placement entails |  |
| Name: |  |
| Date of Birth: |  |
| Home Address: |  |
| Phone number: |  |
| Email address: |  |
| Parent / carer name: |  |
| Parent / carer phone number: |  |
| Other contact names and phone numbers in case of emergency: |  |
| School attended: |  |
| What are the dates you would like to do your work experience? |  |
| Is there a member of staff at the school you would like us to be in contact with? If so, let us know their name and contact details: |  |
| Tell us a little about you: your hobbies and interests and why you would like to do your work experience with us? |  |
| Do you have any allergies, medical conditions or dietary requirements? |  |
| Tell us about any needs you have that we can help to accommodate. E.g. learning differences, disabilities or anything else you’d like us to know: |  |
| Have you read our Work Experience Information sheet, found here <https://children-of-the-forest.com/vacancies> |  |

All information given will be kept securely

Please email this form to [childrenoftheforest@outlook.com](mailto:childrenoftheforest@outlook.com)