

Work Experience Placement Application Form

Please type or print and write using black ink. This form and accompanying information is available on request in large print, Braille, on audiotape, or computer disk.

Name o	f servic	e Economic & Social Regeneration		
Post appli	ed for	Work experience training placement		
Persona	al details	s		
Surname			Forename(s)	
Address				
			Post code	
Telephone number		Date of birth		
School na	me		Work placement date	From: To:
Qualific	ations			
		bjects currently being studied:.		
Subjects			Level of study (F	oundation/General or Credit/General)
Placeme	ent choi	ica	Why would vo	ou like to be placed here:
1st Choic				a into to be placed here.
2nd Choi	ce:			
3rd Choic	e:			
Other q	ualificat	tions		
Any other	certificate	es or qualifications (including module	s) gained from school,	college or other training providers.

Tel: 01475 715555

This section can include your leisure activities, any clubs or groups which you are a member of and any responsibilities held. Further information Please give details to support your application i.e. explain your interest in the Skillseeker Programme within Inverciyde Council and any qualities you could bring to this training placement. Health record - please state if you suffer any health problems
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Emergency contact details
Name
Telephone number
Applicants signature
Date
If this is a self-found placement please tick here:
When completed please return this form to: Economic and Social Regeneration Service, Business Store Inverclyde, 75-81 Cathcart Street, Greenock, PA15 1HD Email: eds.enquiries@inverclyde.gov.uk Tel: 01475 715555
f called for pre-placement visit, would you need any facilities or assistance? E.g. Ramp access, large print material, a signer. If so, please give details: