



WATFORD BOROUGH COUNCIL

Work Experience Request Form

Please complete and return this form via email to humanresources@watford.gov.uk

If you have a CV you may wish to also submit this too.

Placement

What type of work-based experience are you interested in

Dates placements required (maximum of 2 weeks)

Do you have any access needs or disability accommodations you would like us to know about?

Section A: Personal Details

First name

Surname

Age

Home Address

Home Telephone Number

Mobile Telephone Number

Email Address

Name of Educational Establishment
(if applicable)

Emergency Contact Details
Name, Address, Phone number

Section B: Your qualifications or vocational experience

Qualifications achieved or studying towards

Brief description of why you are interested in a placement with Three Rivers District Council and what you hope to learn from the experience

Section C: Declaration

I consent to Three Rivers District Council capturing and storing the personal details in this form for providing the service requested. I understand that I can request for my details to be removed from your records.

Please delete as appropriate

Yes / No

Please return the form via email, using an electronic signature.

Signed: _____ Date: _____

