

Work Experience Request Form

Please complete and return this form via email to learninganddevelopment@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 Watford Borough Council and what you hope to learn from the experience | |
|---|--|
| Section C: Declaration | |
| I consent to Watford Borough 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: |

