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|  | **Application Form for Trainees or**  **Work Experience** |  |
| 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:** |  | | |
| **DoB:** |  | | |
| **Home address:**  **Postcode:** |  | | |
| **Home telephone:** |  | **Mobile telephone:** |  |
| **Email:** |  | | |

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| **Who supports you that we can contact:** | | | |
| **Contact (mum/dad or key family member:** |  | | |
| **Contact address:**  **Postcode:** |  | | |
| **Contact 1 telephone:** |  | **Email:** |  |
| **Contact 2 telephone:** |  | **Email:** |  |
| **Care provider (if in supported living)** |  | **Contact no:**  **Email:** |  |
| **Social worker or Lead Worker** |  | **Contact no:**  **Email:** |  |
| **School/College Key Contact** |  | **Contact no:**  **Email:** |  |

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| **What course are you undertaking (if you are at school/college):** |
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| **Your previous experience of working in this area (if any):** |
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| **What experiences are you keen to explore (café, kitchen, animals, maintenance)** |
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| **What are you hoping to get from this placement?** |
|  |
| **How can we best support you?** |
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| **Do you have any medical or other condition that could present a risk to you or others in your role as Trainee at Hope Nature Centre or work experience at Fairfield College:** | **Yes** | **No** |
| **If yes, please provide details of conditions, medication and how we can support you:** | | |
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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 Farm 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 work experience or work as a Trainee: | |
| **Referee 1** | **Referee 2** |
| **Name:** | **Name** |
| **Relationship to applicant:** | **Relationship to applicant:** |
| **Position:** | **Position:** |
| **Address:**  **Postcode:** | **Address:**  **Postcode:** |
| **Telephone:** | **Telephone:** |
| **Email:** | **Email:** |

**Please note:**

* **Placements will be for one academic year in the first instance.  Towards the end of the first year, a meeting will take place to review progress. The meeting will also look at how best the placement is supported going forward and what options may be open to them.**
* **There is a charge of £35 per day for the placement and invoices will be sent out monthly in arrears.**
* **If a trainee does not attend placement without prior notice charges will be applied**
* **Trainees are entitled to 5.6 weeks holiday per annum**