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| ***Form 32a - School Pupil Application for Work Experience Placement***    To be completed by school pupil and parent/guardian, where application is being made on a personal basis and not through a school/college or other external Work Experience Organiser.  Information will be treated in strict confidence. |

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| **Personal Details** | | |  | | |  | | |  | | |
|  | | | | | | | | | | | |
| Title: |  | Surname: | |  | | | Forename: | | |  | |
|  | | | | | | | | | | | |
| Address for correspondence: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Date of birth: | |  | | | Email: | | | |  | | |
|  | |  | | |  | | | |  | | |
| Telephone: | |  | | | Mobile: | | | |  | | |
|  | |  | | |  | | | |  | | |
| School/College: | |  | | | Telephone: | | | |  | | |
|  | |  | | |  | | | |  | | |
| Address of  School/College: | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
| Teacher/careers adviser: | |  | | | Telephone: | | | |  | | |
|  | |  | | |  | | | |  | | |
| Preferred dates  of placement: | |  | | | Preferred department: | | | |  | | |
|  | |  | | |  | | | |  | | |
| **Supporting Information** | | | | | | | | | | | |
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| Please tell us why you would like to gain work experience at the University of Strathclyde. You may also wish to include any hobbies, interests or other activity, either within or outside school/college which you enjoy (continue on a separate sheet if necessary). | | | | | | | | | | | |
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| **Permission of Parent/Guardian** | | | | | | | | | | | |
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| I hereby give permission for my son/daughter (please delete as necessary) to make application for a Work Experience Placement at the University of Strathclyde. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Signature: | |  | | | | | | Date: |  | |  |
|  | |  | | |  | | | |  | | |
| Print name: | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
| Address if different  from above: | |  | | | | | | | | | |
|  | |  | | |  | | | |  | | |
| Relationship: | |  | | | | | | Telephone: |  | | |
|  | |  | | |  | | | |  | | |

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| **For use by University Work Experience Provider Department** | | | | | | | | | | |
| **Agreement by Head of Department** | | | | | | | | | | |
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| I hereby authorise the above Work Experience Placement to proceed on the dates given: | | | | | | | | | | |
|  | | | | | | | | | | |
| Signature: |  | | | | | Date: | |  | |  |
|  | | | | | | | | | | |
| Print name: |  | | | | | Department: | |  | | |
|  | | | | | | | | | | |
| Date Confirmation sent: |  | | | | | Date Confirmation returned: | | |  | |
|  |  | | |  | | |  | | | |
| **Notification to Finance Office** | | | | | | | | | | |
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| When a placement has been accepted, please send a copy of this form to the Finance Office. | | | | | | | | | | |
|  | | | | | | | | | | |
| Date copy sent to Finance Office: | | |  | |  | | | | | |
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