

# Medway Valley Countryside Partnership

## Work experience enquiry form

Thank you for your interest in a work experience placement at Medway Valley Countryside Partnership.

In order for us to deal with your request, please fill out the following information and return it to us with at least one month's notice of the requested start date. We will assess your application and inform you of our decision within two weeks of submission.

**The form should be filled out by the individual seeking work experience.**

Please attach the completed form to an email and return to [Andrea.Griffiths@kent.gov.uk](mailto:Andrea.Griffiths@kent.gov.uk)

### About you

Name	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>
Age	<input type="text"/>
Date of birth	<input type="text"/>

### About your placement

Please state whether you are seeking a placement through an institution such as a school or college, or making your enquiry independently.

Is your work experience a compulsory part of a course or programme?

Contact details of the tutor overseeing work experience within your institution, if applicable

Please indicate the duration of your desired placement

From  Until

Please disclose any criminal conviction you have that is not spent under the Rehabilitation of Offenders Act 1974. This is unlikely to affect your capacity to volunteer

Date of Conviction	Description

The information you give here will help us to ensure that the activities you take part in will not put you at risk. Do you have any difficulties with (Please fill box if **YES**):

- |   |  |
|---|--|
| <input type="checkbox"/> Lifting and carrying             | <input type="checkbox"/> Walking over uneven ground    |
| <input type="checkbox"/> Walking long distances           | <input type="checkbox"/> Hearing                       |
| <input type="checkbox"/> Working pollen rich environments | <input type="checkbox"/> Following verbal instructions |
| <input type="checkbox"/> Controlled use of hand tools     | <input type="checkbox"/> Severe visual impairment      |

If you have answered 'Yes' to any of the above, please give details:

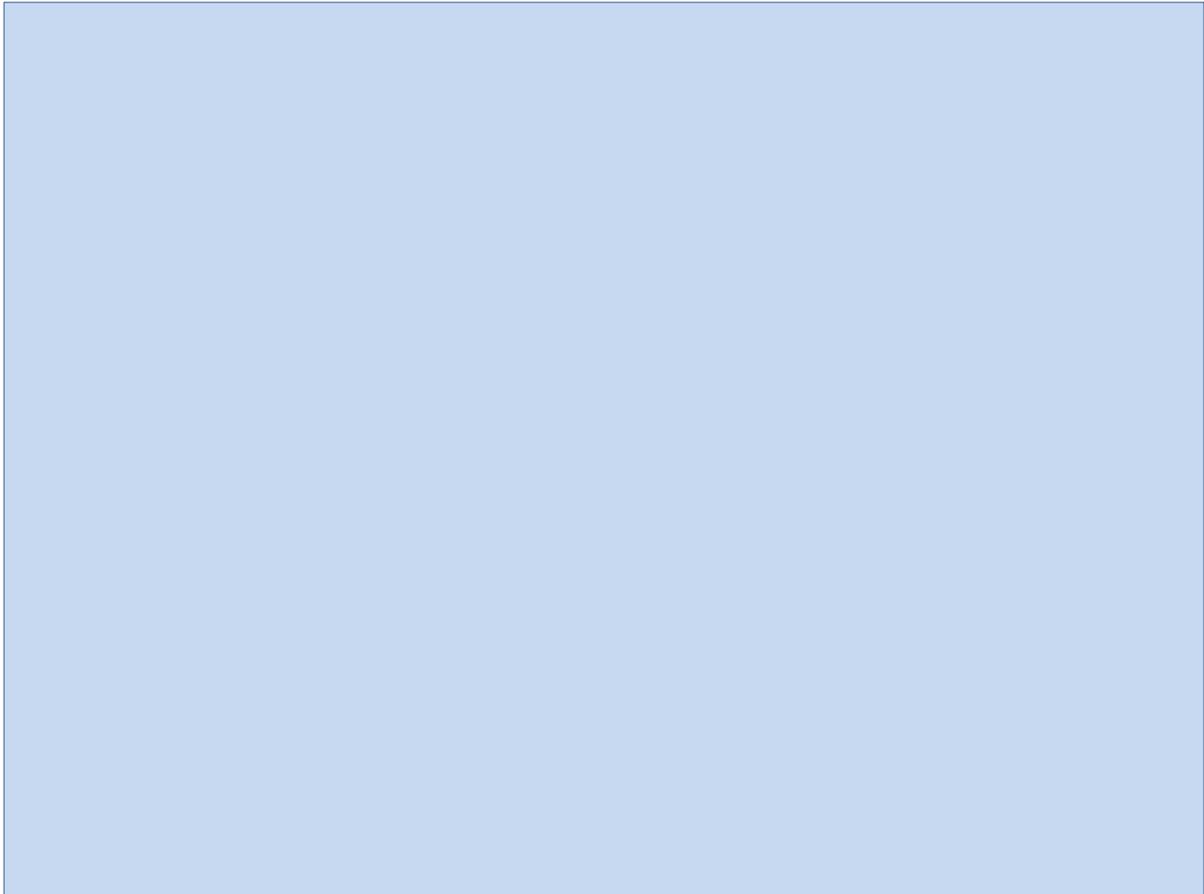
Is your Tetanus vaccination up to date (delete as appropriate)?

**YES / NO**

Are there any other impairments and/or do you carry any medication we should know about in the event of an emergency (ie epilepsy, diabetes, asthma, depression, autism etc)?

PLEASE CONTINUE TO NEXT PAGE

Please briefly explain why you would like to do a work experience placement at Medway Valley Countryside Partnership and what you hope to gain from the experience?



Please briefly describe yourself. You can talk about your strengths, interests and academic pursuits.

