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**REQUEST FOR A VOLUNTARY WORK EXPERIENCE PLACEMENT – Head Office**

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| NAME (full name and title): |

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| ADDRESS, TELEPHONE NUMBER & EMAIL ADDRESS: |

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| AGE (DOB): |

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| SCHOOL/COLLEGE/UNIVERSITY ATTENDING: |

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| DATES (DD/MM/YY) YOU ARE SEEKING A PLACEMENT:  (We are only able to offer one week placements at our Head Office. Please specify at least one alternative date.) |

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| IS THIS PLACEMENT BEING CO-ORDINATED BY YOUR SCHOOL/CAREERS ADVISOR OR ARE YOU ARRANGING THIS INDEPENDENTLY? |

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| ANY OTHER COMMENTS YOU MIGHT WISH TO ADD:  *Please continue on another piece of paper if necessary.* |
| *Your request will be considered and we will respond to you as soon as we are able.*  ***Please return this form to Joanne Sclater-Hill / Evie Calaby, World Horse Welfare,***  ***Anne Colvin House, Ada Cole Avenue, Snetterton, Norwich, Norfolk, NR16 2LR or via email to info@worldhorsewelfare.org*** | | |
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