



Student Work Placement Application Form

Full Name			Date of Birth		Age	
Address						
Telephone No.		Email				
Emergency Contact Details						
Contact Name			Telephone No.			
Relationship to you			Mobile No.			

Do you have any disabilities?	Yes / No	If yes, please detail
Do you have any allergies?	Yes / No	If yes, please detail
Do you have any medical conditions?	Yes / No	If yes, please detail

This information is required to enable Wild Discovery to create a risk assessment to ensure that a placement here is safe. Failure to provide correct information will result in an immediate dismissal.

What course are your studying			
What college or university do you attend?			
Your Tutor Details			
Tutor Name		Tutor Telephone No.	
Tutor Email			
Please state your preferred start and end date	Start date: _____ End date: _____	Preferred day(s) of the week	

Relevant work experience		
Date from and to	Company Name	Duties

Education & Qualifications		
Date from and to	School/College/University	Grades

Please describe why a work placement position here at Wild Discovery would be beneficial to you and what you would like to achieve from your experience here.