

Work Experience Application Form

Work experience role details	
Dates of placement	<i>Please indicate work experience dates you are applying for.</i>
	<input type="checkbox"/> 4-8 May 2020 <input type="checkbox"/> 22-26 June 2020

Your contact details	
First name	
Surname	
Address	
Postcode	
Email	
Mobile + home number	
D.O.B	

Your school/college's contact details	
Name	
Address	
Postcode	
Telephone number	
Tutor's name	

What subjects are you currently studying (or recently studied) at school/college and at what level (GCSE, AS/A-level, IB etc.)?
If you are intending to do further study, what courses/ training are you considering?

Why do you want to undertake work experience at Hastings Museum & Art Gallery?
(please write **at least 150 words** and no more than 400 words).

References: please provide details of two people who can be contacted as referees
(these referees should **not** include family members).

Name		Name	
Relationship to you		Relationship to you	
Work number		Work number	
Mobile number		Mobile number	
Email		Email	

How did you find out about the Hastings Museum & Art Gallery work experience opportunity?

Please return this form to museum@hastings.gov.uk

By 4 April 2020 for **May** work experience

By 22 May 2020 for **June** work experience

Please include the subject heading 'Work experience application' on your email