GET CURIOUS – LIGHTING

WORK EXPERIENCE PLACEMENT APPLICATION FORM

Applicant Information

Full Name:

Date of Birth: **School Year:**

(You must be at least 14 years old when the placement commences)

Home Address:

Email Address:

Parent/Guardian Name:

Phone Number (Parent/Guardian):

Parent/Guardian Email Address:

School Information

School Name:

Contact Teacher Name eg Tutor:

General School or Contact Teacher Email Address:

School Phone Number:

Placement Details

Why are you interested in doing work experience with a lighting company? *(Write 2–4 sentences)*

Do you have any interests or hobbies related to lighting, design, or technology? *(Optional)*

Do you have any other interests or hobbies related? *(Optional)*

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Preferred Work Experience Dates (if known):

From: **To:** **How many days required?**

Medical or Accessibility Needs *(optional)*:

Parent/Guardian/Teacher Consent

I give permission for to apply for a work experience placement with

Parent/Guardian/Teacher Signature: *wet or dry signature*

Parent/Guardian/Teacher Name:

Date: