

**CITY OF  
WOLVERHAMPTON  
COUNCIL**

Section to be completed by W-ton EBP Staff

Application Number	
Date Application Received	
Outcome of Application	

**WORK PLACEMENT APPLICATION FORM**

To be completed by **APPLICANT**

<b>SECTION 1 – PERSONAL DETAILS</b>	
Surname	
Forename(s)	
Age & Date of Birth	
Address	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Neutral / Non-Gender <input type="checkbox"/> Prefer not to say
Ethnicity	<input type="checkbox"/> White <input type="checkbox"/> Asian / Asian British / Indian / Pakistani <input type="checkbox"/> Black / African / Caribbean / Black British <input type="checkbox"/> Mixed – Multiple ethnic groups <input type="checkbox"/> Other ethnic group – please describe –
Telephone / Mobile Number	
E-mail Address	
Status (please tick)	School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Not in Education, Employment or Training <input type="checkbox"/>
<b>EMERGENCY CONTACT</b>	
Name of Emergency Contact and telephone number	
Relationship to you	
<b>DISABILITY AND ADDITIONAL NEEDS</b>	
Do you consider yourself to be a disabled person?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
*the Disability Discrimination Act 1995 defines a disabled person as someone with a “physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities”	
Do you require any support or adjustments to enable you to take part in your placement?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide details and include all relevant information)

**SECTION 2 - EDUCATION**

Name of Secondary School / College / University	
Contact Name within Organisation	
Contact Number	
Fax Number	
E-mail Address	

**EDUCATION DETAILS**

Subjects / Exams to be taken / already taken	Predicted grades / grades obtained	Date of Exams

**SECTION 3 - WORK PLACEMENT DETAILS**

Date/s of your Placement		
Work Area Requested <small>(be specific as possible – i.e. architecture / accountancy / information technology / leisure, etc)</small>	1 <sup>st</sup> choice	2 <sup>nd</sup> choice
Why do you want a placement in this area?		
What skills do you have which may help you with this placement?		
What skills / knowledge do you hope to gain or develop from your work experience placement?		

## SECTION 4 – EMPLOYMENT OR WORK PLACEMENT EXPERIENCE

<p>Do you currently undertake any paid employment i.e. paper round / part-time work?</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>(if yes please provide details including working hours, starting and finishing times (this information is required for compliance with legislation for Working Time Regulations 1998))</p>
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### ANY PREVIOUS EMPLOYMENT DETAILS (Including Part-Time work)

Dates	Employer	Position Held	Brief Summary of Duties

### ANY PREVIOUS WORK PLACEMENT DETAILS

Dates	Company Name	Position Held	Brief Summary of Duties

## SECTION 5 - DECLARATION

<p>Are you related to any elected member or employee of the council?</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>(if yes, please give details of person/s)</p>
<p>I certify that to the best of my knowledge the information I have given is correct</p>	
<p>Student Signature (please type name if filling in form electronically)</p>	<p>Date</p>

**SECTION 6 – FOR PARENT / GUARDIAN (PRE 16 STUDENTS ONLY)**

If a placement is provided by Wolverhampton City Council, I hereby grant\* / do not grant\* permission for my child to be unsupervised at lunch times whilst on placement and permit\* / do not permit\* my child to leave the Council's premises at lunch time in accordance with Management of Health and Safety at Work Regulations 1999.

Should a placement be accommodated, a risk assessment will be issued and a health and safety induction will be undertaken on the student's first morning.

\*delete as applicable

Parent / Guardian Signature(s)	Date
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Once you have completed all sections please return this application form to:

Wolverhampton Education Business Partnership  
2<sup>nd</sup> Floor  
Civic Centre  
St Peters Square  
Wolverhampton  
WV1 1RR  
Or Via Email to:

[Graham.brown@wolverhampton.gov.uk](mailto:Graham.brown@wolverhampton.gov.uk) or [Sukhjit.basra@wolverhampton.gov.uk](mailto:Sukhjit.basra@wolverhampton.gov.uk)

Telephone: 01902 555277	Email: <a href="mailto:Graham.brown@wolverhampton.gov.uk">Graham.brown@wolverhampton.gov.uk</a> Or <a href="mailto:Sukhjit.basra@wolverhampton.gov.uk">Sukhjit.basra@wolverhampton.gov.uk</a>
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**OFFICIAL USE ONLY:**

On the student's first day ensure that all details are still accurate particularly the emergency contact details and that the declaration section has been signed (if not, ensure the appropriate date is received).

EBP Representative		Date	
Host Manager		Date	