

Work Experience Request Form

Please complete and return this form via email to learninganddevelopment@watford.gov.uk

If you have a CV you may wish to also submit this too.

Placement	
What type of work-based experience are you	
interested in	
Dates placements required (maximum of 2	
Dates placements required (maximum of 2 weeks)	
Weeksy	
Do you have any access needs or disability	
accommodations you would like us to know	
about?	
Section A: Personal Details	
First name	
Surname	
Age	
Home Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	
Name of Educational Establishment	
(if applicable)	
Emergency Contact Details	
Name, Address, Phone number	
Soction P. Vour qualifications or vocations	ol experience
Section B: Your qualifications or vocational experience	
Qualifications achieved or studying towards	

Brief description of why you are interested in a placement with Watford Borough Council and what you hope to learn from the experience	
Section C: Declaration	
I consent to Watford Borough Council capturing and storing the personal details in this form for providing the service requested. I understand that I can request for my details to be removed from your records.	Please delete as appropriate Yes / No
Please return the form via email, using an electron	nic signature.
Signed:	Date:

