**Work Experience with Shropshire Fire and Rescue Service**

Please fill out this application form in order for us to cater for the students’ needs during work experience:

|  |  |
| --- | --- |
| Name of student |  |
| Age |  |
| School details |  |
| Teacher in charge |  |
| Name of Parent / Guardian and emergency contact |  |
| Emergency contact number of school |  |
| Any medical issues or a disability(Please give details) |  |
| Consent for participant to do any physical activities or limitations (e.g., lifting, carrying, bending etc) |  |
| Dates and duration of work experience |  |
| Main areas of interest, what the student likes doing? |  |
| Subjects’ student is studying |  |
| Future courses/jobs would like to do |  |
| Please provide any other information not covered in the above |  |

**Signed by parent/guardian …………...................................... Date…………..**

**Signed by teacher/WE co-ordinator …………………………. Date…………..**