

Under 18 Work Experience Application

Please **PRINT CLEARLY** and fill in all sections. Any section that is left blank may result in your application being delayed.

Personal Details

Date of Birth: _____

First Name(s): _____

Surname: _____

Current Address: _____

Telephone Number: _____

Email: _____

School/College Information

Name & Address: _____

Work Experience Officer: _____

Telephone Number: _____

Email: _____

Work Placement Dates: _____

Character Reference:

Please supply contact information for one reference that has known you for a minimum of two years. WE **CANNOT** ACCEPT REFERENCES FROM CLOSE FAMILY. *These are character references – we cannot accept a confirmation of employment only.*

Name: _____

Address: _____

Relationship: _____

Telephone Number: _____

Email: _____

Please complete and return this form to:

Syd Howells, Volunteer Manager, The Egypt Centre, Swansea University, Singleton Park, Swansea SA2 8PP.

EGYPT CENTRE OFFICIAL USE ONLY

Application Received: _____

Reference Sent: _____

Reference Received: _____

Induction Date: _____

Start Date: _____ Finish Date: _____

DOCUMENTS RECEIVED

- Placement Agreement
- Monitoring Form
- Parental Consent Form