|  |  |
| --- | --- |
| **Personal Details:** | **MR/MRS/MISS/MS/MX (Delete as appropriate)** |
| Name |  |
| Address |  |
| Post Code |  |
| Telephone |  |
| Mobile |  |
| Email Address |  |

|  |
| --- |
| **Emergency Person Contact Details:** |
| Name |  |
| Address |  |
| Telephone  |  |
| Mobile  |  |
| Relationship to you |  |

|  |
| --- |
| **Additional Details:** |
| Dates for Work Experience Placement |  |
| Current Employment/College course  |  |
| How did you hear about Canine Partners? |  |
| Why do you wish to complete a Work Experience Placement with Canine Partners? |  |
| What do you hope to gain from the experience? |  |
| Please list any previous experience or placements which you think may be relevant for this placement. |  |
| Are you able to provide your own transport to and from our Midlands site for the hours of 9.00am to 4.30pm? (We are in a rural location).  | 🞏 Yes 🞏 No |

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| --- |
| **Preferred Methods of Communication(s)** *Please tick/highlight as appropriate*You can change how you hear from us by contacting us, at any time, on 01730 716 010 or by visiting our online preference centre at caninepartners.org.uk/keepInTouch  |
| 🞏 Text Message 🞏 Telephone 🞏 Mobile 🞏 Email  |

|  |  |
| --- | --- |
| **Please return this form to:** |  |
| Address: | Ann Paskouis, Advanced Support Trainer,Canine Partners, Midlands centre, Ashby Road, Osgathorpe, Leicestershire LE12 9SR |
| Email: | annp@caninepartners.org.uk |
| Telephone: | 01530 225932 |

##  Personal Information

All information will be held by Canine Partners in adherence with the Data Protection Act (2018). We will use your personal information collected on this form to process your application and assess your suitability to the role and organisation. We do not use the information on this form for any other purpose and your data will not be shared outside of Canine Partners. Details of your name and role may be made available to other volunteers and employees within the charity to enable us to work effectively together. Private information such as your home address, date of birth, criminal convictions will be kept strictly confidential and only used to comply with laws and statutory duties. To find out more about your data protection rights or how we process your data, please take a look at our Privacy Policy at caninepartners.org.uk/privacy

**☐I give consent for Canine Partners to retain my data**

**☐I give consent for Canine Partners to add my details to the database**

Thank you for completing this form and for your interest in a Work Experience Placement

We look forward to hearing from you!

|  |
| --- |
| For Office Use Only |
| Date student invited for interview if applicable. |  |
| Date student Offered Placement if applicable. |  |
| Date student accepted placement if applicable. |  |