

THE PUBLIC

Application form for work experience placements

To be completed with school work experience co-ordinators

Personal / School details

Name:	Office use
Age :	
School address:	
School Telephone number :	
WEX Coordinator	
Contact email	
Telephone number	

Special requirements:

Position applied for:	Requested start date	Requested end date
Job description ref* <i>Applications without reference codes will not be processed</i>		

Supporting information: Please answer the following questions.

Question one:

Please give your reasons for choosing your position at The Public.

Question two

Briefly describe your personal qualities and interest in the arts

Thank you for completing this form. Please ensure that your school Work Experience Co-ordinator reviews and signs this form in order to complete the application process.

	Signature	Print name	Date
Student			
Co-ordinator			

Please send completed forms only to:

Work Experience, The Public, New Street, West Bromwich, B70 7PG
or Andrew.fowles@sandwell.gov.uk (0121 533 7161)

Equal Opportunities

THE PUBLIC is committed to equal opportunities. Please fill in the below information for our monitoring. Your details will not be shared with any other party.

Do you consider yourself to have a disability?* **Yes** **No**

*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 affect on their ability to carry out normal day-to-day activities.

If yes, please provide further details:

Please tell us your ethnicity

- | | |
|--|---|
| <input type="checkbox"/> British | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> African |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Any other Asian background | |
| <input type="checkbox"/> Any other (please specify) _____ | |
| <input type="checkbox"/> Decline to say | |

All information will be treated and respected in confidence.

The information you provide on this form is subject to the provisions of the Data Protection Act and will be used to create Public Building mailing lists. Information will not be shared with a third party without prior consent of the individual.