



Work Experience - Application Form

To be completed by student in own handwriting

Student Details	
Full Name:	
Home Address:	
Telephone Number:	
Date of Birth:	
Name of Parent/Carer:	
Any relevant health considerations:	
Interests/hobbies out of school:	
Responsibilities/achievements in school:	
Details of Work Experience Requested	
Dates of Work Experience: Monday 16 March – Friday 27 March 2026	
Type of Work Experience requested:	
Reasons for this choice:	
Any previous work experience (including part-time jobs):	
Qualifications already obtained (if any):	
Declaration	
I declare that to the best of my knowledge all details in this application are correct:	
Student signature:	Date:
Tutor signature:	Date:
Corfe Hills School, Higher Blandford Road, Broadstone, Dorset, BH18 9BG Telephone: 01202 006666 Email: workexperience@corfehills.net	