



## Work Experience Application Form

Please complete in **BLOCK** capitals

Forename:	Surname:
Address:	
Postcode	
Tel/Mobile No.	Email:
School/College:	
Course/Studying if applicable:	
Next of Kin (NOK):	Contact Tel of NOK:
NOK relationship to you:	Do you have any health conditions or allergies we need to be aware of?
Age Group (please circle)	
14yrs – 16 yrs.	
16+	

<b>DATES OF WORK EXPERIENCE:</b>
<b>DURATION: (number of weeks/hours)</b>
<b>REASONABLE ADJUSTMENTS: Please make us aware of any situation where reasonable adjustments may need to be considered during the work experience placement.</b>
<b>Please answer these questions</b>
1) Why are you applying to Pendleside Hospice for your work experience?
2) What do you want to get out of your Work Experience?
3) What are your career aspirations?

**Privacy notice:**

The information we collect will be used for the administration of this application. To see other ways in which we may use your data and how we store it, please see our Privacy Notice at [www.pendleside.org.uk](http://www.pendleside.org.uk). You have the right to withdraw, correct, erase, restrict our use of and access to the information we store about you. Please email [info@pendleside.org.uk](mailto:info@pendleside.org.uk) for any such requests.

**Photography/Film Consent**

In the event of completing a placement with Pendleside Hospice, I consent to Pendleside Hospice using film or photography featuring my image both internally or externally. This applies to all print and digital media formats

Yes/No

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I declare that the information contained in this application form is true and complete to the best of my knowledge, and I understand that any false information may result in me being asked to cease volunteering with the Hospice.

Signed:

Date:

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Print Name:

Parental Signature if aged 14-16 years

Signed:

Date:

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Print Name:

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**PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE HOSPICE'S VOLUNTEER COORDINATOR: -**

**Address:** Pendleside Hospice, Colne Road, Reedley, Burnley, Lancashire, BB10 2LW or

**Email address:** [volunteering@pendleside.org.uk](mailto:volunteering@pendleside.org.uk)

**For further information please ring 01282 440159**