**Work Experience with Shropshire Fire and Rescue Service**

Please complete the application form below.

Applications are open from October to the end of December.

After the application period closes, we will review all submissions and notify you via email regarding the status of your work experience request.

|  |  |
| --- | --- |
| Name of student |  |
| Age |  |
| School details |  |
| Teacher in charge |  |
| Name of Parent / Guardian and emergency contact |  |
| Emergency contact number of school |  |
| Any medical issues or a disability(Please give details) |  |
| Consent for participant to do any physical activities or limitations (e.g., lifting, carrying, bending etc) |  |
| Dates and duration of work experience |  |
| Main areas of interest, what the student likes doing? |  |
| Subjects’ student is studying |  |
| Future courses/jobs would like to do |  |
| Please provide any other information not covered in the above |  |

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| **Please include a statement detailing why you would like to apply for work experience with Shropshire Fire & Rescue Service. (max 300 words)** |
|  |

**Signed by parent/guardian …………...................................... Date…………..**

**Signed by teacher/WE Coordinator …………………………. Date…………..**