



Derbyshire County Council Work Experience Application Form

Personal details

Name:	Name of school/college/establishment (if applicable)
D.O.B:	
Home address:	
Contact telephone number:	Name of work placement co-ordinator:
E-mail address:	
Gender (male/female):	
Telephone number:	
Do you have a disability? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If you have answered "yes" do you require any particular adjustments?	
Do you have any medical conditions we would need to take into consideration?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes please give details	
Are you related to an employee or anyone who has professional dealings with the council? (If yes please state their name and profession)	

What type of work experience would you like to undertake? Please indicate the type of job role you are interested in

Please make a brief statement as to why you would like to undertake a placement with Derbyshire County Council

Placement details

Date of proposed placement:

Preferred area for placement

Duration of proposed placement:

Please indicate the days and hours you would be available to work during a placement

Day	Hours – standard hours are 9.00am – 5.00pm
Monday <input type="checkbox"/>	
Tuesday <input type="checkbox"/>	
Wednesday <input type="checkbox"/>	
Thursday <input type="checkbox"/>	
Friday <input type="checkbox"/>	

I consent to the information contained in this form, and other information received by or on behalf of the council relating to my application, being processed by the council in administering the work experience process. Your personal data will be held only for this purpose and will not be shared with any third party. Your data will only be accessed by employees in the legitimate performance of their duties and held in accordance with the HR retention schedule. Further information can be found on our website www.derbyshire.gov.uk

Signed

Date

Please return via email to Business Support HR at BusinessSupport.HR@derbyshire.gov.uk