Application for work experience

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| PERSONAL DETAILS |
| Student Name |  |
| Email Address |  |

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| SCHOOL/COLLEGE DETAILS |
| School/College |  |
| Address |  |
| Year |  |
| Work Experience Coordinator  |  |
| Telephone |  |

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| Please specify the week you are applying for |
| [ ]  1st – 5th June[ ]  15th – 19th June [ ]  29th – 3rd July[ ]  6th – 10th July |

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| HAVE YOU DONE AN ARTS AWARD? |
| (please tick box)[ ]  No[ ]  Yes (up to Explore level) [ ]  Yes (up to Bronze level) [ ]  Yes (up to Silver level) [ ]  Yes (up to Gold level)  |

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| Why would you like to do your work experience at Turner Contemporary? |
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| What three things would you like to get out of your week with us? |
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| Tell us an arts skill you could pass on to someone else. |
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| Special Requirements |
| Please use this space to tell us if you have any access needs, special educational needs, or health requirements so that we can ensure the placement meets your needs.  |

Please return this form to learn@turnercontemporary.org by Friday 28th February 2020.