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](mailto:learn@turnercontemporary.org) by Friday 28th February 2020.