



WORK EXPERIENCE

20th to 23rd JUNE 2017

---WORK PREFERENCE FORM---



Submit completed and signed form by Friday 17th February 2017 – electronic or hardcopy

NAME:	SURNAME:	FORM:
		10

HOME ADDRESS:	
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DATE OF BIRTH:	
HOME PHONE NUMBER:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT NUMBER:	
EMAIL ADDRESS - Parent	

PREFERRED TYPE OF EMPLOYMENT/ INDUSTRY *(Give 3 choices)*

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YEAR 10 SUBJECTS

1.	4.
2.	5.
3.	6.

Method of travel to work: <i>(Tick relevant options)</i>	Medical conditions: <i>(CHECK one)</i>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Car</td> <td style="width: 15%;">Bus</td> <td style="width: 15%;">Train</td> <td style="width: 15%;">Walk</td> <td style="width: 15%;">Other</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Car	Bus	Train	Walk	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td rowspan="2" style="padding: 5px; vertical-align: top;">Please give details- <i>(e.g. allergies):</i></td> </tr> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	Please give details- <i>(e.g. allergies):</i>	N	<input type="checkbox"/>
Car	Bus	Train	Walk	Other												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Y	<input type="checkbox"/>	Please give details- <i>(e.g. allergies):</i>														
N	<input type="checkbox"/>															

Previous Work Experience: *(X one and provide details if you have worked before)*

<i>None</i>	<input type="checkbox"/>	<i>Previous/ current work experience</i>
<i>I have worked</i>	<input type="checkbox"/>	

THIS SECTION MUST BE SIGNED BY STUDENT AND A PARENT/ GUARDIAN.

PARENT'S SIGNATURE _____ DATE: _____

STUDENT'S SIGNATURE _____ DATE: _____

NOTE: Complete this form electronically; print it out; collect relevant signatures; scan or take a digital image in JPG format; save include your MIS username; return the document via appropriate DROPBOX in EdStudio