WORK EXPERIENCE APPLICATION FORM

Please ensure this application is completed in full, using **BLOCK capitals**.

WORK EXPERIENCE DETAILS				
DATES OF WORK EXPERIENCE				
CURRENT SCHOOL				
CURRENT YEAR GROUP				
SCHOOL CONTACT NAME				

PERSONAL DETAILS					
TITLE		FORENAME(S)	S	SURNAME	
ADDRESS					
TOWN/C	CITY		P	POSTCODE	
TEL: HOME			Т	TEL: MOBILE	
EMAIL					

SECONDARY EDUCATION PLEASE LIST ALL SECONDARY EDUCATION, LEVELS, GRADES & THE DATE THEY WERE ACHIEVED.							
QUALIFICATION/SUBJECT	LEVEL (S, H, O)	GRADE ACHIEVED	DATE ACHIEVED	QUALIFICATION/SUBJECT	LEVEL (S, H, O)	GRADE ACHIEVED	DATE ACHIEVED
THERE'S MORE ———						-	



MOST RECENT EMPLOYMENT/VOLUNTARY F	ROLE	
COMPANY NAME	SALARY (IF APPLICABLE)	
COMPANY ADDRESS	START DATE	
CURRENT YEAR GROUP	END DATE	
SCHOOL CONTACT NAME	REFEREE NAME	
POSITION/TITLE	CAN WE CONTACT REFEREE BEFORE OFFERING POST?	YES NO
DUTIES & RESPONSIBILITIES (PLEASE LIST)		
REASONS FOR LEAVING	NOTICE PERIOD	
REASONS FOR WORK EXPERIENCE PLEASE USE THIS SPACE TO EXPLAIN WHY YOU WOULD LIKE TO COMPLETE	WORK EXPERIENCE AT GLASGOW SO	CIENCE CENTRE.
ADDITIONAL SKILLS PLEASE LIST ANY ADDITIONAL SKILLS OR INTERESTS YOU HAVE TO SUPPORT YOUR APPLICATION E.G. LANGUAGES, ACTING SKILLS ETC.	HOBBIES & INTERES PLEASE LIST ANY HOBBIES & INTER	
	_	HERE'S MORE



GLASGOW SCIENCE CENTRE | HR FORMS

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from work experience.

I understand these details will be held in confidence by Glasgow Science Centre, for the purposes of assessing this application, ongoing volunteer administration in compliance with the Data Protection Act 1998.

SIGNED: DATE:

Please note that in submitting this form you have accepted these terms and agree to this declaration. Please return completed application forms to:

Human Resources

Glasgow Science Centre 50 Pacific Quay Glasgow, G51 1EA

