**Request for unpaid work experience**

Once complete, please email this form to [recruitment@suffolk.gov.uk](mailto:recruitment@suffolk.gov.uk)

This form can be used for requesting any form of unpaid work experience. On receipt of this form, the Recruitment Team will look to find you’re a suitable work experience placement.

**Please ensure you fully complete all required information**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | First name |  |
| Surname |  | Preferred name |  |
| Address |  | | |
| Town/ City |  | County |  |
| Postcode |  | Email address |  |
| Mobile number |  | Other tel no |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How old will you be at the time of completing the work experience?** | | | 15 -17 | |  | 18 - 24 | |  | | 25 or over | |  | |
| **If you are under 25, are you currently in education, paid work or formal employment based training?** | | | | | | | **Yes** | |  | | **No** |  | |
| **Are you a student social worker?** | | | | | | | **Yes** | |  | | **No** |  | |
| **Are you a student nurse?** | | | | | | | **Yes** | |  | | **No** |  | |
| **We have buildings based around the county, do you have a preference for where the work experience would take place? If Yes, please tell us where.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **We prioritise work experience requests from care leavers who:**   * **Have been in the care of Suffolk County Council for three months or more since the age of 14** * **Are under the age of 25** * **Meet the essential criteria for the role** | | | | | | | | | | | | | |
| **Are you a** [**Care Leaver**](https://suffolkcc.metafaq.com/recruitment/recruitment/job-applicants/care-leaver)**?** | Yes |  | | No | |  | | | | | Prefer not to disclose | |  |
| **We are disability confident and positive about diversity. According to the definition of Disability do you consider yourself to have a disability / learning disability?** | | | | | | | | | | | | | |
| **Do you have a disability?** | Yes |  | | No | |  | | | | | Prefer not to disclose | |  |
| **What adjustments might you need in order to complete work experience with us?** |  | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Current studies/situation:** | |
|  | |
| **If you are currently at school or studying in higher education please provide the name and address of your school / college / university / education provider** |  |
| **What work area are you seeking experience in?** If you don’t have a specific area in mind please tell us about your longer term career goals and interests. | |
|  | |
| **What dates you would like the work experience to take place?** | |
|  | |
| **Please tell us what you are hoping to gain from the work experience?** | |
|  | |

**In submitting this request for work experience, I consent to the authority:**

* sharing information\* with other organisations or third parties, where the law requires them to; including any concerns related to the protection of adults and/or children in line with the Safeguarding vulnerable Groups Act 2006.
* Verifying the information in my request (where appropriate) and accept that this may involve contacting my education providers to verify information about my current studies.
* Processing the data in my application in line with the General Data Protection Regulation and Suffolk County Councils Privacy Policy.

**I understand that:**

* Giving false information or omitting relevant information could disqualify my request and, if I am offered a period of work experience, could lead to this being withdrawn.
* If I am offered a placement I will be asked to sign a work experience and confidentiality agreement.

**Equality and diversity monitoring data**

*The data is only used for statistical purposes and not used as part of any decision making or selection processes.*

|  |  |  |
| --- | --- | --- |
| Date of Birth (DD/MM/YYYY) |  | |
| Age |  | years old |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | | | | |
| Female |  | Male |  | |
| Transgender |  | Prefer not to disclose |  | |
| **Is your gender different to that assigned to you at birth?** | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Marital Status** | | | |
| Single |  | Married |  |
| Civil Partnership |  | Widowed |  |
| Divorced |  | Separated |  |
| Dissolved/ Annulled |  | Prefer not to disclose |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual Orientation** | | | |
| Bisexual |  | Gay Woman/ Lesbian |  |
| Gay Man |  | Heterosexual/ Straight |  |
| No Sexuality |  | Prefer not to disclose |  |
| If other, then please detail: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion or Belief** | | | |
| Agnostic |  | Atheist |  |
| Bahai |  | Buddhist |  |
| Christian |  | Hindu |  |
| Humanism |  | Jain |  |
| Jewish |  | Muslim |  |
| No religion |  | Pagan |  |
| Rastafarian |  | Scientologist |  |
| Shinto |  | Sikh |  |
| Zoroastrian |  | Prefer not to disclose |  |
| If other, then please detail: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality** | | | |
| African |  | Any other Asian Background |  |
| Any other Black, African or Caribbean background |  | Any other ethnic group |  |
| Any other Mixed or multiple ethnic background |  | Arab |  |
| Bangladeshi |  | Caribbean |  |
| Chinese |  | English, Welsh, Scottish, Northern Irish or British |  |
| Gypsy or Irish Traveller |  | Indian |  |
| Pakistani |  | White and Asian |  |
| White and Black African |  | White and Black Caribbean |  |
| Prefer not to disclose |  |  |  |
| If other, then please detail: |  | | |