

# WORK EXPERIENCE

## APPLICATION FORM

Please complete and email to [learninganddevelopment@mansfield.gov.uk](mailto:learninganddevelopment@mansfield.gov.uk)

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### STUDENT DETAILS

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Surname ..... Forename(s) .....

Address .....

Home number ..... Mobile number ..... Age .....

Email address .....

*Please note that all correspondence will be emailed to the above address. Please check your emails regularly.*

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Please indicate which Council and which Section you would like to gain experience (please tick one box only) Double click to check the relevant box.

*Where there is more than one career within the section (ie, plumbing, joinery) or if you would like experience in administration, which is available in all sections, please tick the relevant box and then indicate your choice of career in your reasons for applying on the next page.*

<b>Mansfield District Council:</b>	<b>Ashfield District Council:</b>
Parks and Open Spaces <input type="checkbox"/>	Legal Services <input type="checkbox"/>
Environmental Health <input type="checkbox"/>	Neighbourhood Services <input type="checkbox"/>
Planning and Building Control <input type="checkbox"/>	Transport Services <input type="checkbox"/>
Leisure Services <input type="checkbox"/>	Tenancy Services <input type="checkbox"/>
Electoral Services <input type="checkbox"/>	Housing Repairs <input type="checkbox"/>
HR and Payroll <input type="checkbox"/>	(Plumbing,Joinery,Electrical,Bricklaying) <input type="checkbox"/>
Strategic Housing <input type="checkbox"/>	Lettings Services <input type="checkbox"/>
Landlord Services <input type="checkbox"/>	Procurement (Contract Works) <input type="checkbox"/>
(Plumbing,Joinery,Electrical,Bricklaying) <input type="checkbox"/>	Planning and Building Control <input type="checkbox"/>
Housing Needs <input type="checkbox"/>	ICT Department <input type="checkbox"/>
Policy Unit <input type="checkbox"/>	
Community Safety <input type="checkbox"/>	
Refuse, Waste and Recycling <input type="checkbox"/>	
Marketing and Communications <input type="checkbox"/>	

Preferred Dates (please state your preference)

From ..... To ..... Duration .....

Please state why you wish to undertake the work experience placement as detailed (and if applicable indicate which career you are looking to gain experience in, eg joinery, plumbing, electrical, administration).

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Signed ..... Date .....

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### **SCHOOL/COLLEGE DETAILS**

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Name ..... Telephone number .....

Address .....

Current course(s) studied .....

..... Year of studies .....

Work experience co-ordinator .....

Telephone number ..... Email address .....

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### **STATEMENT OF SUPPORT FROM TEACHER/LECTURER**

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Please state how working in the chosen area will support the student:

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Does the student require any additional learning support? Yes  No

If yes, please provide details .....

Does the student have any medical condition which we need to be aware of?  
Yes  No

If yes, please provide details .....

Print name ..... Position .....

Telephone number..... Email address.....

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