

# WORK EXPERIENCE APPLICATION FORM

First Name:

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Last Name:

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Dates of Work Experience required:

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Your completed application form will be the only thing that we will use to decide whether or not we shortlist you for an interview, therefore it is important that you complete every area of this form to the best of your ability. All information provided will be treated with the strictest confidence.

Previous experience of working in the industry is not essential; we are looking for someone who is motivated, reliable, enthusiastic about music, arts and culture and who is keen to learn.

You will not be expected to work more than 7 hours in a working day (including one hour lunch break), however due to the nature of the venue, there may be times where you will be required to work past the standard 5pm finish. This will be agreed prior to your placement starting and, on these days, you will be asked to come in later to compensate. This will not be compulsory, but it would be considered a great opportunity to experience the venue during an event and highly recommended.

**Please complete all areas of this form to the best of your ability, including the Parent/Guardian/Carer page and return to Hayley Reay: [hayley.reay@portsmouthguildhall.org.uk](mailto:hayley.reay@portsmouthguildhall.org.uk) or post to Hayley Reay, The Guildhall Trust, Portsmouth Guildhall, Portsmouth, PO1 2AB.**





## PERSONAL DETAILS

Last Name:

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First Name:

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Address:

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Home Tel No:

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Post Code:

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Parent/guardian name and relationship:

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Parent/guardian contact number:

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Parent/guardian email:

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School:

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School Tel No:

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Contact at your school:

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### PORTSMOUTH GUILDHALL

Guildhall Square | Portsmouth | Hampshire | PO1 2AB  
023 93870 200 | info@portsmouthguildhall.org.uk



# EDUCATION

Date from:	Date to:	Name of schools/ colleges:	Qualifications gained/currently studying for:	Subject and level:



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## SKILLS AND INTERESTS

Please give details of the skills you possess to support your application for work experience, together with any hobbies or interests you have. Continue onto a blank page if necessary.

## PREVIOUS WORK EXPERIENCE

Please indicate if you have any previous experience of paid or voluntary working: (e.g. work experience, Saturday or part time work).Continue onto a blank page if necessary.

## EXPECTATIONS

Please give details of your expectations for your work experience placement, what you are hoping to learn and why you have applied for work experience at the Portsmouth Guildhall. Continue onto a blank page if necessary.

Once you have completed all parts of this application form (including the Parent/Guardian/Carer section on the next page) please either:

- **E-mail:** hayley.reay@portsmouthguildhall.org.uk
- **Post :** Hayley Reay, The Guildhall Trust, Portsmouth Guildhall, Portsmouth, PO1 2AB

## NOTES TO PARENTS/GUARDIANS/CARERS

Arrangements are being made for your daughter/son to take part in a structured placement with the Portsmouth Guildhall. This school activity has been organised in accordance with The Education (Work Experience) Act of 1973.

- The student will be given meaningful work, planned by a responsible person. They will be given appropriate instructions before and during operation of any machinery or equipment.
- Students will not receive payment for this work in accordance with the terms of The Education (Work Experience) Act.
- The employer has arranged for insurance cover against accident or injury caused to the students by the negligence or the loss, damage, or injury caused by the student while acting as a servant of the organisation, to the employer's property, other employees or a third party.
- A Risk Assessment will be undertaken by the employer and a Health and Safety check will be completed.
- The student will obey all safety, security and other instructions given by the employer.

The Guildhall Trust requires the following:

- During the course of the placement the student may have access to, see or hear information of a confidential nature, either in connection with a production, the team working on it, members of staff and/or information about the Company. All of this information is strictly confidential. The student must not disclose any confidential information to anyone outside or anyone within the company who is not authorised to have such confidential information. Any breach of confidentiality will result in discontinuation of the placement.
- The student must seek permission from the employer BEFORE taking photographs and/or video in relation to any aspect of their work placement.

You will be asked to ensure that your daughter/son keeps to this agreement and to confirm that she/he is not suffering from any medical complaint, which could create a hazard either to your daughter/son or those working with her/him.

Please tick one of the two boxes below:

I confirm that my daughter/son does NOT suffer from any medical condition which could result in a risk to her/his health or safety or that of any other person (if you are unsure, please talk to the Work Experience coordinator at your daughter's/son's school).

I confirm that my daughter/son DOES suffer from a medical condition which their work experience employer needs to know about.

If yes please give details and/or a contact telephone number for further discussion overleaf:



As a parent/guardian/carer of

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(please write your daughter's/son's name)

at

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(please write school's name), I confirm that I have read and understood this form, and that I agree to them taking part in work experience.

Signed

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Date \_\_\_\_\_ (Parent/guardian/carer signature)

