Volunteer/ Work Experience Information Request

Please complete this form and return it to Wingrove Primary School for the attention of Miss Sadaf Chaudry. Please allow at least 2–3 weeks for a response.

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| Title and name: | Date of birth: | | |
| Your email address: | Your home address and post code: | | |
| Your telephone number: | School/College/University/Work Place: | | |
| Placement required: (please select)  Volunteer or work experience | Preferred key stage or year group: | | |
| Days you are available in school:  Monday AM/PM, Tuesday AM/PM, Wednesday AM/PM, Thursday AM/PM, Friday AM/PM  Please note times:  Morning sessions start at 8:45am and finish at 12noon.  Afternoon sessions start at 1pm and finish at 3:15pm. | | | |
| Languages spoken: | | Any additional information/needs you may require: | |
| Do you have any family members working in or attending the school? (please list) | | Do you have a specific time frame or dates to attend within the school calendar? | |
| Please provide a brief summary of your experience of working with children/young people and the skills you will bring to the sessions within our school: | | | |
| Signed: | | | Date: |