**Logo

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Description automatically generated**

**APPLICATION FOR WORK EXPERIENCE (Students)**

|  |  |
| --- | --- |
| Name: | E-mail address: |
| Current School/College/University (if relevant):  Academic Year eg: Year 10 (if relevant): | |
| When would you like to do your work experience with us? (Please give dates or a period of time – please note that work experience placements are limited to 4 weeks). | |
| Where would you like to do your placement?  First choice:  Second choice (if relevant): | |
| Please use this space to tell us about you and what you would like to gain from a work experience placement with us. If you have a CV please feel free to send us a copy to us with this form. | |
| **Thank you for completing this form – please e-mail it to Helen Fletcher,** [**hfletcher@snapemaltings.co.uk**](mailto:hfletcher@snapemaltings.co.uk) **or post it to Snape Maltings Concert Hall, Snape, Saxmundham, IP17 1SP.** | |