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**APPLICATION FOR WORK EXPERIENCE (Students)**

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| 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** **or post it to Snape Maltings Concert Hall, Snape, Saxmundham, IP17 1SP.**  |