**English Folk Dance and Song Society**  
Work Experience Application Form

**PERSONAL DETAILS**

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| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Surname** |  | | | |
| **Address** |  | | | |
| **Postcode** |  | | | |
| **Home telephone** |  | | | |
| **Mobile telephone** |  | | | |
| **Email** |  | | | |
| **Date of Birth** |  | | | **Age:** |
| **Current stage of education** | **School year:** | **GCSE:**  YES / NO | **A Level:**  YES / NO | **Other:** |

**EMERGENCY CONTACT**

|  |  |  |
| --- | --- | --- |
| **Name of Parent / Guardian** |  | |
| **Contact phone number** |  | **Email** |
| **School / College name** |  | |
| **School / College Address** |  | |
| **Postcode** |  | |
| **School phone number** |  | |

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| --- | --- |
| **Preferred dates of work experience :** | From: To: |

|  |
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| **How did you hear about EFDSS / Cecil Sharp House? Have you attended any of our courses, events or projects? If so, which ones?** |
| **Tell us why you are interested in work experience with the English Folk Dance and Song Society:** |

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| **How do you hope to gain / learn from your experience here with us?** |

**Please tell us what subjects you are currently studying at school / college**

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| **Please tell us about your interests and hobbies** |

**DATA PROTECTION ACT 1998**

I consent to EFDSS using the information in this application form for the selection process for this work experience placement. I understand and agree that this information will be kept for up to one year after this process. If I am successful, this data will be used as the basis of my work experience record and I declare that the information contained in this form is to the best of my knowledge correct.

Signed:

Date: