**Work Experience Application Form**

**Notes**

* You should complete this application form if you want to complete a period of work experience or a placement with us. We will assess your application based primarily on the content of your statement, and from that will decide whether to invite you for interview.
* Answer **ALL** questions by providing the required information or ticking the appropriate box. If any question or part of a question does not apply to you write **"NOT APPLICABLE".** Please ensure that you are clear about the dates you want for the placement.
* The Police and Crime Commissioner is committed to our office representing the communities we serve. We offer placements to everyone and particularly welcome applications from those from a diverse background. We are also committed to the employment and career development of disabled people, and encourage you to let us know if there are any reasonable adjustments to enable you to complete the placement.
* All information you provide will be treated in accordance with our Privacy Policy available on our website
* If you have any queries in relation to completing the application form please telephone (0121) 626 6060. Applications to be uploaded to the website or sent to wmpcc@west-midlands.pnn.police.uk

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| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Home Address** |  |
| **Postcode** |  |
| **Preferred Telephone Number** |  |
| **Email Address** |  |
| **Place of Birth (Town and Country)** |  |
| **Nationality** |  |
| **Date of Birth**  |  |
| To your knowledge, **are you related to the West Midlands Police and Crime Commissioner or to any member of OPCC staff**?If yes please state their name and relationship to you. | **Yes / No** |
| We support people with disabilities. Are there any arrangements we could make to assist you if you are invited to attend for interview or your placement? | Yes / No |
| Are there any medical conditions that we should be aware of?If yes, please state. If you do not feel comfortable stating then please inform us at a later date so that we can support you during your placement.  | Yes/No |

|  |  |
| --- | --- |
| **School / University Name** (if applicable) |  |
| **Key contact** |  |
| **Email**  |  |
| **Telephone** |  |

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| --- | --- |
| **Preferred date for placement week** |  |
| **Backup week(s) for placement**Please include 1-2 alternative weeks for you to complete your placement, should we be unable to host you during your preferred week. |  |

**Education:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date from:** | **Date to:** | **Name of Institution** | **Qualifications gained** | **Subject and level** |
|  |  |  |  |  |
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**Employment / Other work experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date from:** | **Date to:** | **Name, address, nature of business or community activity** | **Position held and brief outline of role/duties** | **Salary** |
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| **Please write a statement (up to a page, not just a few words) to outline why you want this placement and what skills and experience you want to gain from your time with us. We will assess your suitability for interview based on your response in this section.** |
|  |

**References**

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| --- | --- | --- |
|  | **Name, Organisation, Address and Contact Details** | **Relationship to you** |
| **Reference 1** (should be your current school/college unless a reason why not – if so please state) |  |  |
| **Reference 2** |  |  |

**Declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I declare that the information given on this application form is to my knowledge true. I understand that if it is subsequently discovered that any statement is false or misleading, any offer of appointment may be withdrawn or I may be removed from office by written notice from the Police and Crime Commissioner.I declare that all the statements I have made in this application are true to the best of my knowledge. |

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| e-Signature: |
|  |
| Date: |

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