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ABC English Language School

Work Experience Application

Please complete all information or the form will not be accepted

Your cover Photo:



|  |  |
| --- | --- |
| About You |  |
| Name: Click or tap here to enter text. | Surname: Click or tap here to enter text. |
| Gender: Click or tap here to enter text. | Date of Birth: Click or tap to enter a date. |
| Nationality: Click or tap here to enter text. |  |

|  |  |
| --- | --- |
| Address: Click or tap here to enter text. | Town: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. |
| Country: Click or tap here to enter text. | Zip code: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Home phone number: Click or tap here to enter text. | Mobile phone number: Click or tap here to enter text. |
| Email address: Click or tap here to enter text. | Religion: Click or tap here to enter text.  Practising: Yes  No |

|  |  |
| --- | --- |
| **Your Interest** | **Your Hobbies** |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
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| **Health** | |
| Do you have any physical restrictions, impairments or allergies that will limit placement options or participate in everyday family and/or school life? | Yes  No |
| If yes please describe | Click or tap here to enter text. |
| Any allergies or other information relevant for Host family regarding health? | Yes  No |
| If yes please describe | Click or tap here to enter text. |
| Do you have any dietary requirements/ restrictions?  (Vegan, Gluten-free, lactose intolerant etc.) | Yes  No |
| If yes please describe | Click or tap here to enter text. |

Vaccination details – please provide a copy

Medical cover – please provide a copy

\*All students must have an E111 card as a minimum.

|  |  |
| --- | --- |
| Education |  |
| School name:Click or tap here to enter text. | |
| Address:Click or tap here to enter text. | City:Click or tap here to enter text. |
| State:Click or tap here to enter text. | Zip code:Click or tap here to enter text. |
| Current Grade:Click or tap here to enter text. | Expected year of graduation:Click or tap here to enter text. |

**About your family**

|  |  |
| --- | --- |
| Parent / Guardian 1 |  |
| First name:Click or tap here to enter text. | Surname:Click or tap here to enter text. |
| Occupation:Click or tap here to enter text. | Email:Click or tap here to enter text. |
| Work phone number:Click or tap here to enter text. | Mobile phone number:Click or tap here to enter text. |
| Home phone number:Click or tap here to enter text. | Maiden name:Click or tap here to enter text. |
| Address:Click or tap here to enter text. | State:Click or tap here to enter text. |
| Town:Click or tap here to enter text. | Country:Click or tap here to enter text. |
| City:Click or tap here to enter text. | Zip code:Click or tap here to enter text. |
| Parent / Guardian 2 |  |
| First name:Click or tap here to enter text. | Surname:Click or tap here to enter text. |
| Occupation:Click or tap here to enter text. | Email:Click or tap here to enter text. |
| Work phone number:Click or tap here to enter text. | Mobile phone number:Click or tap here to enter text. |
| Home phone number:Click or tap here to enter text. |  |
| Address:Click or tap here to enter text. | State:Click or tap here to enter text. |
| Town:Click or tap here to enter text. | Country:Click or tap here to enter text. |
| City:Click or tap here to enter text. | Zip code:Click or tap here to enter text. |

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| --- | --- | --- | --- |
| **Your Siblings** |  |  |  |
| Siblings Name | Siblings Surname | Date of Birth | Living at Home; Yes or No |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Yes  No |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Yes  No |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Yes  No |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Yes  No |

|  |  |
| --- | --- |
| Emergency Contact |  |
| First name: Click or tap here to enter text. | Surname: Click or tap here to enter text. |
| Work phone number: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Home phone number: Click or tap here to enter text. | Mobile phone number: Click or tap here to enter text. |
| Address: Click or tap here to enter text. | Town: Click or tap here to enter text. |
| State: Click or tap here to enter text. | Zip code: Click or tap here to enter text. |

**Work experience**

* What date will you commence your stay?

Click or tap to enter a date.

* Length of stay?

2 weeks

4 weeks

6 weeks

* Which area of work experience would you like to attend during your stay if available:
* Hospitality (**Hotels**)
* Restaurant and Catering (**Cafes**)
* Retail (**Shops**)
* Pharmaceutical (**Pharmacy**)
* Tourism (**Tourist attraction**)
* Personal services (**Hairdressers/Barbes**)
* Healthcare (**Community Hospitals**)
* Education **(Schools**. only during term time)

* What airport will you fly into?

Click or tap here to enter text.

Please provide a student letter of introduction to your host family:

Click or tap here to enter text.

Please provide a parent letter of introduction to host family

Click or tap here to enter text.

Photos of you and your family

  

  

Please tick this box to confirm that all the information given is correct.

Parent Name and date

Click or tap here to enter text.

Click or tap to enter a date.

Student Name and date

Click or tap here to enter text.

Click or tap to enter a date.