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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.