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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: | Surname: |
| Gender: | Date of Birth: |
| Nationality: |  |

|  |  |
| --- | --- |
| Address: | Town: |
| City: | State: |
| Country: | Zip code: |

|  |  |
| --- | --- |
| Home phone number: | Mobile phone number: |
| Email address: | Religion:  Practising: Yes  No |

|  |  |
| --- | --- |
| **Your Interest** | **Your Hobbies** |
|  |  |

|  |  |
| --- | --- |
| **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 |  |
| Any allergies or other information relevant for Host family regarding health? | Yes  No |
| If yes please describe |  |
| Do you have any dietary requirements/ restrictions?  (Vegan, Gluten-free, lactose intolerant etc.) | Yes  No |
| If yes please describe |  |

**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: | |
| Address: | City: |
| State: | Zip code: |
| Current Grade: | Expected year of graduation: |

**About your family**

|  |  |
| --- | --- |
| Parent / Guardian 1 |  |
| First name: | Surname: |
| Occupation: | Email: |
| Work phone number: | Mobile phone number: |
| Home phone number: | Maiden name: |
| Address: | State: |
| Town: | Country: |
| City: | Zip code: |
| Parent / Guardian 2 |  |
| First name: | Surname: |
| Occupation: | Email: |
| Work phone number: | Mobile phone number: |
| Home phone number: |  |
| Address: | State: |
| Town: | Country: |
| City: | Zip code: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Siblings** |  |  |  |
| Siblings Name | Siblings Surname | Date of Birth | Living at Home; Yes or No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

|  |  |
| --- | --- |
| Emergency Contact |  |
| First name: | Surname: |
| Work phone number: | Email: |
| Home phone number: | Mobile phone number: |
| Address: | Town: |
| State: | Zip code: |

**Work experience**

* Length of your stay

2 week  4 weeks  6 weeks

* What date will you commence your stay
* Which 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?

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

Please provide a parent letter of introduction to host family

**Photos of you and your family**

(you can include some printed pictures in your envelope or attach them to your email if you decide to scan this form)

  

I confirm that all the information I have given is correct.

Parent Signature and date



Student Signature and date

