

Initial Interest in Work Experience (Student to complete)

Date(s) of placement requested:

(Please indicate if you have flexibility on week/s proposed and indicate your availability)

Full Name of Student:

Date of birth:

School year you will be in during the placement:

Contact e-mail address:

Education Provider currently attended:

Skills and experience you wish to gain or department/school you wish to undertake work experience in. This will enable UEA to try to tailor your activities and experiences to these skills: