**OFFICE USE ONLY:**

**Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applied:\_\_\_\_\_\_\_\_\_\_**

**Interview: \_\_\_\_\_\_\_\_**

**Start:\_\_\_\_\_\_\_ End:\_\_\_\_\_\_**

**Pref Days/Time: \_\_\_\_\_\_\_\_\_\_**

**WORK EXPERIENCE REFERRAL APPLICATION FORM**

|  |  |
| --- | --- |
| **Student Name:**       | **Date of Birth:**       |
| **Contact Name:**       | **Relation to Applicant:**       |
| **Organisation Name:**        | **Telephone:**       |
| **Address:**       | **Town:**       |
| **Postcode:**       |
| **Email Address:**       | **Are you based in Tower Hamlets?** [ ] Yes [ ] No |
| **Does your Institution require any paperwork completed by the Farm?** [ ] Yes [ ] No If YES, please provide details & attach the paperwork along with this application:       |
| **What are the aims and roles of your role or organisation?**       |
| **Please describe what you hope the applicant will gain from volunteering.**       |
| **Please describe any illnesses, disabilities or health problems which may affect the applicant’s placement.**       |
| **Please describe any ways in which we could help the applicant to overcome any limitations and get the most out of their placement.**       |
| **We expect an appropriate level of support to ensure the success of the volunteer’s placement. Please detail the support you will provide (e.g. staff supporting them at the Farm, regular communication with the Farm, attendance at induction and progress reviews)**      |
| *Note about volunteers doing a supported two hour placement: a support worker must attend every week. For Health and Safety reasons this support worker must be one of no more than two people who will commit to attending each week. Both support workers must attend the first week and the Health and Safety Induction. Support workers must be prepared to get involved with the work with the volunteer, and must abide by our Health and Safety rules.* |
| **I/ we agree to provide the support detailed above, and understand that without this level of support the volunteer cannot participate.****I/we confirm that the details given on this form are correct and I/we will notify Mudchute Park and Farm of any changed to these details in writing.****Signature:**       **Date:**      /     /      |