**Orms Work Experience Application Form**

Version 2, January 2025

**Instructions**

Please complete the fields below, ensuring parent / guardian consent has been provided. Email your completed application form to recruitment@orms.co.uk , with the subject title ‘Work Experience Application 2025’.

**Student Information:**

Student Name:

School Year:

School:

Subjects:

**Student contact details**

Home address:

Telephone number:

Email:

**Parent / guardian contact details**

Name:

Home address:

Telephone number:

Email:

**Statement of interest**

Please explain why this work experience opportunity is of interest to you, and how this will benefit you:

(300 words approx.)

**Parent / guardian consent:**

I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taking part in the work experience programme as described.

Signed:

Print Name:

Date: