

## SHAKESPEARE BIRTHPLACE TRUST

## **WORK EXPERIENCE - APPLICATION FORM**

## **ABOUT YOU**

Name				
Address				
Home Telephone				
Email Address				
Date of Birth				
ABOUT YOUR WORK EXPERIENCE				
Date of work experience				
Length of work experience				
ABOUT YOUR SCHOOL				
School				
Address				
Telephone				
Name of School Contact				
QUESTIONS				
Please tell us why you would like to come to the Shakespeare Birthplace Trust for your Work Experience placement, and what you hope to gain from it.				

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in?	particular areas of our organ		e interested in working	
1)	2)	3)		
one of the Sha	or less please write what you akespeare Houses.			
The Shakespeare Birthplace Trust is committed to equality of opportunity and encourages applications from minority ethnic and disabled people.  If you have a disability or any other special need that means you are unable to complete this form please contact us to make alternative arrangements.				
Signature	e contact us to make atterna	Date		

## When completed, please send your form to:

HR Department, Shakespeare Birthplace Trust, The Shakespeare Centre, Henley Street, Stratford-upon-Avon, Warwickshire, CV37 6QW.

Or by email to: <a href="hr@shakespeare.org.uk">hr@shakespeare.org.uk</a> with Work Experience in the subject.

Application Form - Work Experience

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