

Thank you for your interest in completing your work experience within our Care settings at Cyngor Gwynedd. To ensure we place you in the right placement and to ensure you get the most out of the experience, we ask you kindly to complete this application form.

To see all the opportunities available within the Council’s Social Care teams, please look at the options booklet which provides detail on the type of experiences available, where the opportunities are located and a brief description of what to expect when completing your experience with a specific service. We suggest that you choose the three options that appeal to you the most.

**Please complete this application form and the reference request (completed by your work experience teacher / tutor) and return them completed to this e-mail address:** [**gofalu@gwynedd.llyw.cymru**](mailto:gofalu@gwynedd.llyw.cymru) **with ‘Work Experience’ as a subject to the e-mail.**

Once we’ve received your application, we’ll review it and we’ll get in touch with further information and arrangements.

We look forward to welcoming you.

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| --- | --- |
| ***Work experience option 1*** |  |
| ***Work experience option 2*** |  |
| ***Work experience option 3*** |  |

***Desired date for work experience*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(We ask you kindly to give us at least 6 weeks’ notice before your work experience desired start date.)

**OR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Which day of the week? Start date? Or for block box state first date of block period | Option 1 | Option 2 | Option 3 |
| Day a week |  |  |  |  |
| Block 1 |  |  |  |  |
| Block 2 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Individual details** | | |
| **Full name :** |  | |
| **Home address:** |  | |
| **Date of birth:**  **To complete most work experiences you’ll need to be 16+** |  | |
| **Phone number:** |  | |
| **E-mail address:** |  | |
| **Emergency contact details** | Name  Relationship to individual  Phone number  E-mail address |  |
| **Emergency contact details** | Name  Relationship to individual  Phone number  E-mail address |  |
| **Your ability to communicate in Welsh?** | Fluent Learning None | |
| **Would you consider yourself to have a disability or special needs?** |  | |
| **Any allergies?** |  | |

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| --- | --- |
| **Details of studies** | |
| **Name of School or College** |  |
| **Course – to which part of your studies is this experience relevant?** |  |
| **Work experience teacher / tutor contact details:** | Name of teacher / tutor;    E-mail address;    Phone number; |

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| Supporting statement |
| **We are eager to get a better understanding of why you would like to do a period of work experience within the Care sector. We are eager to hear particularly what motivates, interests and motivates you.**    **It takes a special person to work in this sector, the big heart and the right values are the most important tools an individual can have – make sure you demonstrate this.**    **Show your enthusiasm, state what you have learnt from past experiences. Note the skills you would like to develop and give an idea of your career hopes for the future and why you would like to complete your work experience with us.** |
|  |
| Reference |
| **To complete your work experience, we need to ensure we have one reference about you. This reference has to come from your work experience teacher or tutor in your School / College. Your reference cannot be provided by a friend or family member.**    **There is a particular form for your reference which has been stored in the same place that you found this form. The reference from must be sent over to us the same time as this application form so we can process your request for work experience. Send the two completed forms to**  [**gofalu@gwynedd.llyw.cymru**](mailto:gofalu@gwynedd.llyw.cymru) |