



Work Experience Opportunity Application Form

Business Name:	
Business Address:	
Contact Name:	
Contact Email:	
Contact Phone:	

What type of work experience opportunity would you be able to offer to students from our SEN school?

What tasks or projects would the students be involved in?

How long would the work experience opportunity last? (select the right one)

1 TERM

2 TERMS

WHOLE YEAR

How many students could you accommodate at one time?

What age range of students would be most suitable for this work experience opportunity?

Do you have any specific requirements or preferences for the students who participate in this work experience opportunity (e.g. certain interests or abilities)?

Thank you for considering offering a work experience opportunity to our students. We will review your application and be in touch if there is a suitable match.

Signed: _____ (Business representative)

Date: _____