**Work Experience Request Form**

Please complete the details below and email the form to the Human Resources team at humanresources@cxk.org

*If you have any questions, contact Human Resources using the above details.*

**Personal Details**

|  |  |
| --- | --- |
| **Full name** |  |
| **Address** |  |
| **Home telephone** |  |
| **Mobile telephone** |  |
| **Email address** |  |

Do you have a disability or other medical or health condition that you would like to make us aware of, or that you require adjustments for in the workplace?

**Yes/No** *(please delete as appropriate)*

If yes, *please give details*

**Current Education**

|  |  |
| --- | --- |
| **Name of School/College**  |  |
| **School Year / Year of course** |  |
| **Current qualification level** (e.g. GCSE, A Level, T Level etc.) |  |

**Further Details**

Which area of CXK would you like to carry out your work experience in?

|  |  |
| --- | --- |
| **Marketing** |  |
| **Human Resources** |  |
| **Finance** |  |
| **Contact Centre** |  |
| **Compliance** |  |
| **Youth Employability Service (YES)** |  |

**Other** *(please specify):*

What dates do you want your work experience to take place?

|  |  |  |  |
| --- | --- | --- | --- |
| **From:**  |  | **To:**  |  |

I’m flexible with dates [ ]

**Personal statement** (maximum 250 words)

Please briefly explain why you are looking to complete work experience within CXK