**Hillingdon Council**

**Library services**

**FAO Branch Manager**

**Work Experience - Hillingdon Libraries**

Any information provided on this form is confidential and covered by GDPR

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| **First Name: Surname:** |
| Home Address: |
| Telephone No: (home) |
| Telephone No: (mobile) |
| Email Address: |
| School:  Year Group: |
| **Emergency contact details**  Name:  Relationship:  Contact telephone number: |
| Contact details of work experience coordinator or Teacher  Name:  Contact Telephone number:  Email: |
| **Placement Date:**  From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_  Which library would you like to complete your work experience at:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| |  | | --- | | **What would you like to achieve by completing your work experience within libraries?** | |

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| **Declaration:**  **Hillingdon council will use the information given on your application for volunteering purposes as set out in our privacy notice.**  **I certify that information given is true and complete to the best of my knowledge,**  **By submitting this application, I agree with the declaration and privacy notice statements.**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |