**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 TeacherName: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |