

Work Placement Application

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | DOB |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Telephone |  |
| Email |  |
| Postcode |  | Availability |  |

|  |  |
| --- | --- |
| Course currently attending |  |

|  |  |
| --- | --- |
| Sporting interests |  |

|  |  |
| --- | --- |
| Why do want to complete work placement with Evolve Sports Academy? |  |

|  |  |
| --- | --- |
| Tell us about any experience you have had in relation to working with children |  |

|  |  |
| --- | --- |
| Reference details (name and contact number) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |  |  |
| --- | --- | --- |
| Please return this form via email or post | [shaun@evolvesportsacademy.com](mailto:shaun@evolvesportsacademy.com) | Commerce House, 1 Exchange Square,  Middlesbrough, TS1 1DE |