

**English Folk Dance and Song Society**  
 Work Experience Application Form

**PERSONAL DETAILS**

|                                   |                     |                          |                             |               |
|-----------------------------------|---------------------|--------------------------|-----------------------------|---------------|
| <b>Name</b>                       |                     |                          |                             |               |
| <b>Surname</b>                    |                     |                          |                             |               |
| <b>Address</b>                    |                     |                          |                             |               |
| <b>Postcode</b>                   |                     |                          |                             |               |
| <b>Home telephone</b>             |                     |                          |                             |               |
| <b>Mobile telephone</b>           |                     |                          |                             |               |
| <b>Email</b>                      |                     |                          |                             |               |
| <b>Date of Birth</b>              |                     |                          |                             | <b>Age:</b>   |
| <b>Current stage of education</b> | <b>School year:</b> | <b>GCSE:</b><br>YES / NO | <b>A Level:</b><br>YES / NO | <b>Other:</b> |

**EMERGENCY CONTACT**

|                                  |  |              |  |
|----------------------------------|--|--------------|--|
| <b>Name of Parent / Guardian</b> |  |              |  |
| <b>Contact phone number</b>      |  | <b>Email</b> |  |
| <b>School / College name</b>     |  |              |  |
| <b>School / College Address</b>  |  |              |  |
| <b>Postcode</b>                  |  |              |  |
| <b>School phone number</b>       |  |              |  |

|   |       |     |
|---|-------|-----|
| <b>Preferred dates of work experience :</b> | From: | To: |
|---|-------|-----|

**How did you hear about EFDSS / Cecil Sharp House? Have you attended any of our courses, events or projects? If so, which ones?**

**Tell us why you are interested in work experience with the English Folk Dance and Song Society:**

**How do you hope to gain / learn from your experience here with us?**

**Please tell us what subjects you are currently studying at school / college**

**Please tell us about your interests and hobbies**

**DATA PROTECTION ACT 1998**

I consent to EFDSS using the information in this application form for the selection process for this work experience placement. I understand and agree that this information will be kept for up to one year after this process. If I am successful, this data will be used as the basis of my work experience record and I declare that the information contained in this form is to the best of my knowledge correct.

Signed:

Date: