

# Museum of Classical Archaeology

## Work Experience Expression of Interest Form

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Thank you for your interest in conducting work experience with the University of Cambridge Museums. Please complete this form and return to: Martha Heemskerk, Museum Education and Outreach Coordinator, Museum of Classical Archaeology, University of Cambridge, Sidgwick Avenue, Cambridge, CB3 9DA or email to [museum@classics.cam.ac.uk](mailto:museum@classics.cam.ac.uk).

In accordance with The University of Cambridge Child and Vulnerable Adult Protection Policy. This opportunity is available to students at school or university aged 16 or over.



UNIVERSITY OF CAMBRIDGE  
**MUSEUMS**  
& BOTANIC GARDEN



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### Your contact details

Given name(s)										
Family name										
Home Address										
	Postcode:									
Email address										
Primary telephone number										
Secondary telephone number										
UK National Insurance number (where held)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Preferred method of contact										

## About you

Please provide a brief outline or any particular skills, interests or experience that you would like to bring to your work experience role (please aim for 200 - 500 words):

How did you hear about our work experience placements?

## Special Requirements

We are committed to providing an inclusive and accessible environment. If you require any special accommodations or adjustments during the application process or during the placement, please let us know in below. This information is requested so that we may care for your needs and will be kept confidential.

## Availability

Work experience placements will be for the period 11<sup>th</sup>-22<sup>nd</sup> August 2025. Please indicate if you are available during these dates.

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## Disclosure and Barring Service (DBS) Check

Volunteers applying for roles that involve working closely with children or vulnerable adults on a frequent or intensive basis will be asked to for a DBS check with Enhanced Disclosure (formally known as a CRB check). We will incur any administrative costs involved. If required for your role, would you be prepared to have an Enhanced DBS check? Yes ☐ No ☐

## Emergency Contact Details

Please give details of your next of kin to contact in case of emergency.

Name	
Address	
	Postcode:
Email address	
Daytime tel. number	

## Referees

Please give contact details of two people (other than relatives or partners) who have known you for more than 2 years who we can contact to comment on your suitability to volunteer for us.

Referee 1 Name		Referee 2 Name	
Relationship to you		Relationship to you	
Address		Address	
	Postcode:		Postcode:
Email address		Email address	
Telephone		Telephone	

**Privacy Notice**

The information you have entered on this form is processed by the Museum of Classical Archaeology only. We use your personal information in order to deliver our contractual obligations to you as a user of our service. We use anonymised data only for reporting, and we do not share your personal data with any third parties or add you to our mailing lists. We use your personal information to contact you about volunteer roles or projects that you have applied for and other related activities.

For more information about how we handle your personal information, and your rights under data protection legislation, please see <https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data>.

I am over 16 years old and I declare that the information I have provided is true:

Signed ..... Date .....