



UNIVERSITY OF CAMBRIDGE
MUSEUMS
 & BOTANIC GARDEN



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ARTS COUNCIL
ENGLAND

Museum of
 Classical
 Archaeology

WORK EXPERIENCE EXPRESSION OF INTEREST FORM

Thank you for your interest in undertaking a work experience placement with the University of Cambridge Museums. Please complete this form and return to: Jennie Thornber, Museum Education and Outreach Coordinator, Museum of Classical Archaeology, University of Cambridge, Sidgwick Avenue, Cambridge, CB3 9DA or email to jlt39@cam.ac.uk.

In accordance with The University of Cambridge Child and Vulnerable Adults Safeguarding Policy, our volunteer programme is normally for adults aged 18 or over; this opportunity is available to students at school or university aged 16 or over.

Your contact details

Title (Mr/Miss/Mrs/Ms/Dr/ Other)	
First name(s)	
Surname	
Current occupation	
Year of birth	
Home Address	Postcode:
Email address	
Home telephone number	
Mobile telephone number	
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 volunteer role as well as the type of volunteer activity you wish to perform:

How did you hear about volunteering with us?

Special Requirements

If you require any special arrangements to be made or if you have any medical conditions you'd like us to be aware of, please specify those below. This information is requested so that we may care for your needs and will be kept confidential.

Availability

Work experience placements will be offered in the period 30th July-31st August 2018. Please indicate if you have any preference for dates or if there are dates which would not be possible for you.

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

Your personal information provided on this form will be kept in accordance with the Data Protection Act 1998/2003 (as amended from time to time). Your information will be held securely and accessed only by authorised persons, which shall include our funders Arts Council England. Anonymised aspects of the information given by you may be used for statistical purposes.

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

Signed

Date