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**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.](mailto: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:

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How did you hear about volunteering with us?

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**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.

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**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**  Name |  | **Referee 2**  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 ...............................**