Work Shadowing Placement Application Form

Return completed form to: Bridges Programmes, 27 Main Street, Bridgeton Glasgow G40 1QA; T. 0141 554 5440; Fax; 0141 556 4144; e-mail: admin@bridgesprogrammes.org.uk

Personal details

Name _____Male/Female (please circle)

Address. (*This will be kept confidentially by the Institute and will not be circulated to any outside body. If preferred you can make your contact address through the SRC or a drop-in centre)*

_____
_____Telephone _____

Country of origin _____Age_____Asylum seeker/Refugee (please circle)

Employment details (Additional information such as CV s may be appended to the application)

Previous occupation/profession:_____

How many years were you employed in this area?_____

What professional qualifications/degrees do you hold? _____

I would like to apply for a work shadow placement under the Bridges Project

I am interested in a work shadow placement in the following areas *(please list as many possibilities as possible)*

_____
_____

State briefly why you would like to take up a work shadow placement and what benefits you think you would gain from this

_____
_____

I agree to undertake the following commitments regarding the placement:

- To undertake to stay with the company for the agreed period of the placement and to comply at all times with general company policy on dress, behaviour, *etc*
- Not to accept any payment
- Agree to the activity plan for the placement
- Accept that the placement does not in any way represent any commitment to the work-shadower after the end of the placement by way of a job application although with the agreement of the company the work shadower would be free to mention the placement in any future job application and the company may be willing to provide a reference.

Signature
_____Date_____
Name in Block Capitals _____

When a suitable match is made we will notify you and arrange for an introductory meeting between yourselves and the company/organisation