Full Name:

Preferred dates of work experience:

# Schools Work Experience (S4-S6)

Application Form

**Scottish Society for the Prevention of Cruelty to Animals**

Kingseat Road, Halbeath, Dunfermline KY11 8RY Scottish Charity No. SC 006467

## 03000 999 999

### scottishspca.org

Please send your completed application form via the website job advert (volunteersemail@ scottishspca.org).

Applicant details:

Address:

Postcode:

Contact No.

Email:

Parent/Guardian details:

Name:

Address:

Postcode:

Contact No.

Email:

School details:

Name of school:

Address:

Postcode:

Contact No.

Email:

Contact details:

Contact teacher:

Email:

01

About You

What are your career goals:

What are your hobbies/interests and how do they relate to your plans for the future?

02

Qualifications and information

Can you please tell us why you would like to carry out work experience with the Scottish SPCA?

Please tell us about anything else you think is relevant to your application. This should include any health, wellbeing or learning needs where we may need to make adjustments to ensure you get the most out of your work experience with us:

03

#### CHILD AND VULNERABLE ADULTS PROTECTION POLICY

Child and Vulnerable Adults Protection Policy’ and the statement ‘Please note that in undertaking a work experience placement with us, your child may, at times, be working on a 1-to-1 basis with various members of our staff in carrying out their duties. We are happy to provide you with a copy of our

Protection of Children and Vulnerable Adults Policy on request. By signing the application below, you are acknowledging and agreeing to your child working 1-to-1 with our staff members

#### GDPR AND DATA PROTECTION ACT 2018

The information collected on the Work Experience Application Form will only be used for the purposes of recruitment and selection for the work experience opportunity you have applied for with the Scottish SPCA, in accordance with General Data Protection Regulation. As you will appreciate, we need to use your personal information to process your application, determine your suitability for the role, comply with our legal obligations and take steps towards entering into an agreement with you. The information

contained on this form will be held securely within the Human Resources department for up to 6 months to enable us to administer your application. It will also be sent to relevant departmental representatives and / or potential volunteer line-managers to allow them to decide on your application.

Please sign here to indicate that all the information you have given us in this form is true, a far as you know.

Signature (young person):

Date: DD/MM/YY

Signature (Parent / Guardian):

Date: DD/MM/YY

Approved by School:

Signature:

Position:

Date: DD/MM/YY

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