



Reference No.
(For Office Use Only)

Work Experience Application Form

If possible, please complete electronically. Please write in **BLOCK CAPITALS** if hand written.

If you are available for more than one of the weeks. Please list your choices below in order of preference.

Available weeks:

☐ 29th June – 3rd July 2020

☐ 6th July – 10th July 2020

13th July – 17th July 2020

☐ 20th July – 24th July 2020

Personal Information

Title: ☐ Mr. ☐ Miss.

Forenames:

Surname:

Health

Do you have a disability, medical condition or special requirement which will require adjustments being made in order for you to be able to carry out your work experience?

Contact Details

Home Address:

Home Telephone Number:

Mobile Telephone Number:

E-mail Address:

Postcode:

Nationality:

In the event that you are unable to sign digitally, please enter your Name and Current Date to signify that you accept the terms and conditions of the application.

DECLARATION

I shall not divulge to any person, firm or company any confidential information relating to the company or its business which I may acquire during the course of this placement. To the best of my knowledge I declare that the statements and particulars in this application form are true and accurate.

Applicants Name:

Applicants Signature:

Date:

Parental/Guardian Permission for Security Photo Badge

Relationship to Student:

Print Name:

Signature:

I hereby ☐ give ☐ do not give permission for

to have their photograph taken in order to obtain security access to the Leonardo Helicopters site.

Date:

Please note that due to Company Security Policy arrangements, refusal of parental/guardian permission will invalidate this application.

Please return to the address below or email to apprenticedevelopment.mbx.aw@leonardocompany.com

Leonardo Helicopters **Work Experience** Box 97, Lysander Road, Yeovil, Somerset. BA20 2YB by 31st January 2020.

Applications will be held on file until we contact you by the end of January to confirm whether or not you have been successful.

Education

At what stage are you in your education? e.g. **Year 10 secondary school/ AS/ A-level**

When do you intend leaving school/college? (Please state month/year) :

List below schools/colleges attended

Full Name and address of Secondary School/College and Town in which situated	Full Time or Part Time	Approximate Dates	
		From	To

Please list subjects taken/to be taken and your grades/predicted grades

GCSE, NVQ Other	Subjects to be Taken	Date Taken/to be Taken	Grade/ Predicted Grade

Source of Application

How did you find out about Work Experience with Leonardo Helicopters ?

Have you participated in an Imagineering Club? ☐ Yes ☐ No

Have you participated in Flying Start Challenge? ☐ Yes ☐ No

Would you be interested in receiving information on Leonardo Helicopters training programmes in the future?

Please tick ☐ Apprenticeships ☐ Graduate Programme

Supporting Information

Please tell us why you are applying for this work experience programme?

Which subjects at school do you find most enjoyable and why?

Which areas of the company are of particular interest to you?

Team Working

Give an example of an occasion where you have had to work within a team.

- What tasks did you have to complete?
- What role did you play within the team?