

Work Experience Application Form

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

Personal Information

Forenames: Preferred name: 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.

Applicant's Name:

Applicant's 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 forms to WorkExperience.mbx@leonardocompany.com

Supporting Information

- Please tell us why you would like to participate in this work experience programme?

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

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- Which areas of Leonardo 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?
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