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| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone number:** |  |
| **School:** |  |
| **Preferred Work Experience Dates:** |  |

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| **Why do you want to participate in the VCCRI Work Experience Program?** |
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| **What three laboratories would you most like to visit at the VCCRI?** |
| **1.**  **2.**  **3.** |

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| **Details of your final year science and maths results from the last two academic years.** |
| **Science:**  **Maths:** |

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| **Attach your CV to your application or give some details of your employment and educational history below.** |
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| **Emergency Contact Details** | |
| **Parent/Guardian Name:** |  |
| **Home Address:** |  |
| **Mobile phone number:** |  |

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| **School Contact Details** | |
| **School Name:** |  |
| **Work Experience Coordinator:** |  |
| **Phone number:** |  |
| **Email:** |  |