****

**Registration Form for Placements and Work Experience**

First Name: Surname:

Address:

Town: County: Post Code:

Phone:

E-mail:

Emergency contact details:

Name: Tel:

Why are you interested in completing your placement or work experience at Egham Museum?

|  |
| --- |
| What do you hope to get out of the placement? |

What skills or relevant experience do you think you can bring to the Museum?

Do you feel that any adjustments or special equipment will be required to enable you to perform tasks in the post applied for?

 YES NO

If yes, please provide details

Are you seeking a placement or work experience as part of an initiative at your school, college or university?

 YES NO

If yes, please complete the relevant contact details below:

Organisation Name:

Name of Supervisor:

Role:

Email Address:

Are there any required dates or deadlines for you to complete this placement?

YES NO

If yes, please give details:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Notice**

We will only use your personal information to contact you for the purposes of your volunteer duties.  Only The Egham Museum Trust will have access to your information and we will not share your personal details with any third parties without obtaining your consent.

By ticking this box, you are consenting that you are happy for us to process your personal information as outlined above.  **[ ]**

By ticking this box, you are happy for us to include you in to the general Egham Museum's newsletter. **[ ]**

Email this form to: curator@eghammuseum.org O