



Birmingham Hippodrome  
Hurst Street  
Birmingham  
B5 4TB

# Request for Work Experience

Please complete all sections within the application form.  
All application forms should be returned to Hayleah Thresher at the above address.

The Birmingham Hippodrome Theatre Trust, its Board, Executives and Senior Managers all believe in and are totally committed to equal, fair and proper employment and opportunity for all at Birmingham Hippodrome.

Which department would you like to carry out your  
Work Experience?  
(You can tick more than one)

Visitor Services & Information and Sales ☐  
Creative Learning ☐  
Communications , Marketing & Programming ☐  
Catering & Events ☐

Date you can carry out your Work Experience?  
(you can tick more than one)

W/C 23 October 2017 ☐  
W/C 19 February 2018 ☐  
W/C 9 April 2018 ☐  
W/C 30 July 2018 ☐

## YOUR DETAILS

Surname	<input type="text"/>	First Name	<input type="text"/>
Age	<input type="text"/>		
Address	<input type="text"/>		
Post Code	<input type="text"/>		
Home Tel No	<input type="text"/>	Mobile Tel No	<input type="text"/>
Email Address	<input type="text"/>		
Emergency Contact Name	<input type="text"/>	Phone No	<input type="text"/>

## EDUCATION

School/College Name	School/College Address	Courses taken	Grades if known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state details of any other work experience you have undertaken :

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OTHER INFORMATION THAT WILL ASSIST

Please tell us about yourself, Including any hobbies or interest:

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Please state the reason you are applying for Work Experience at Birmingham Hippodrome:

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## Work Experience Health Questionnaire

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This information will aid in the planning of your work experience placement and any information will be kept strictly confidential. Please note that Birmingham Hippodrome cannot be responsible for any eventuality arising if you do not provide health information that is accurate and up to date. This information will also ensure you receive the most beneficial work placement. If there is any change in your health condition, prior to commencing the work experience placement, you will need to notify us in writing as soon as possible.

If you answer Yes to any of the questions, please provide further details of the condition on this form or an extra sheet of paper.

Do you:	NO	YES (If Yes, please provide details)
Have a hearing impairment?		
Have a visual impairment?		
Have food, skin or other allergies? e.g. nuts or penicillin allergy		
Have any restrictions of normal activities or exercise? e.g. asthma		
Have any other health problems (including the need for regular medication)?		
Need any adjustments or assistance to help with your placement?		

Parent/Guardian Permission (if under 18)

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I the Parent/Guardian of the above person do consent to them participating in the Birmingham Hippodrome Work Experience.

Name  
Signature  
Date


DECLARATION

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I declare that the information given in this application is true.

Name  
Signature  
Date


Birmingham Hippodrome strives to be an equal opportunities employer