**Application
for Employment of Young Persons or Work experience**

Thank you for showing interest in work experience with the office of John Milne MP. Please complete the below application form for his office to consider. Please note that unfortunately, John Milne MP’s office cannot accommodate all requests.

|  |
| --- |
| **Your Details** |
| **Full Name** |  |
| **Address** |  |
| **Contact number** |  |
| **E-mail address** |  |
| **Date of birth** |  |
| **Education Details** |
| **Current school / college** |  |
| **Year** |  |
| **Relevant course(s)** |  |
| **Contact name** |  |
| **Contact email** |  |
| **Placement Details** |
| **Desired start date:** |  |
| **Placement length:***(e.g. days/months)* |  |
| **Are you able to travel to London:** | YES | NO |
| **If we cannot accommodate the above dates, would you be interested in alternatives?** | YES | NO |
| **Why are you interested in a work experience placement in the office of John Milne MP?** |
|  |
| **Have you done any work experience of volunteer work before?** | YES | NO |
| **Please provide details:**  |
|  |