

Work Experience Application

		Applicant Infor	mation		
Full Name:				DOB:	
	Last	First	M.I.		
Address:	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Emai			
hone:		Emai	l <u>:</u>		
Please indi	cate which month/s yo	u require work experience:			

Are you required to do work experience placement as part of your course of study? Please answer Yes or No				
If you are offered a work experience place, are you duration of the work experience?	u able to commute to Hammersmith (London) for the			
Please answer Yes or No				
If offered a work experience placement, would you	u like to be considered for a bursary?			
(Please note: consideration will only be given to the placement without financial support)	hose who are not able to take up a work experience			
Please answer Yes or No				
Disclaimer and Signature				
I certify that my answers are true and complete to the	best of my knowledge.			
Signature:	Date:			