**Work Experience Application Form**

Please return form towork.experience@museplaces.com

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| Full Name  Date of Birth  Gender  Institution  Home address  Postcode  Contact number  Email address |  |

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| What is your availability for work experience in 2025? |
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| Please select which office you would like to complete your work experience at: | | | |
| Salford | London | Leeds | Birmingham |

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| Which department would you like to focus your work experience in and why? |
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| Why are you interested in a work experience with Muse Places. What skills or experience do you have? |
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| What do you hope to gain from this work experience? |
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| Declaration |
| *I confirm that to the best of my knowledge the information I have provided on this form is correct.*  Name:  Signature:  Date: |