



Work Experience Selection Form

Please complete all section of this form.

Student Name:

Tutor Group:

Date of Birth:

Gender: Male ☐

Female: ☐

Interests *(Please tick boxes below)*

	Like	Don't Mind	Dislike
Administration work in an office			
Graphics / Art / Drawing			
Working in a Finance role			
Cultural places such as museum / gallery			
Working in a Legal role			
Construction / Engineering / Architecture			
Retail and Customer Services			
Digital design / advertising / marketing			
Working with the elderly			
Catering and working as a Chef			
Working with children			
Hairdressing			
Working with animals			
Health Sector			
Working in a garage or bike shop			

Work Experience Choices

(Please select 4 different areas of work from the category list above in order of preference.)

	Category	Reason(s) for choosing this type of work
1		
2		
3		
4		

Key skills

What are your best qualities?

(Please tick the boxes that you agree with)

	Confident	Not Confident
Talking to people		
Using IT equipment		
Getting on with others		
Listening to others		
Problem solving		
Working with numbers		
Planning and organisation		
Showing initiative		

What would you like to do when you leave school?

Student's Signature: