WORK EXPERIENCE APPLICATION FOR NON - VETERINARY STUDENTS

NAME	D.O.B
ADDRESS	
CONTACT PHONE NUMBER	E-MAIL
CURRENT SCHOOL OR 6 TH FORM COLLEGE	NOT CURRENTLY IN EDUCATION
GCSE EXAMS TAKEN/DUE	
AS AND A LEVELS TAKEN / DUE	
DATES THAT YOU WISH TO ATTEND	
COMMENCING MONDAY DD/MM/YYYY	ONE WEEK
	TWO WEEKS
SECOND CHOICE	
COMMENCING MONDAY DD/MM/YYYY	ONE WEEK
	TWO WEEKS

PLEASE OUTLINE BRIEFLY WHY YOU HAVE CHOSEN ANIMED ,WHAT YOU HOPE TO GAIN FROM THE PLACEMENT AND ANY PREVIOUS WORK EXPERIENCE YOU HAVE UNDERTAKEN.