**Application form for days work experience**

**Personal Details**

Name:

Date of Birth:

Mobile Number:

Email Address:

**Questions**

1. Why are you interested in Occupational Therapy ?
2. What are your career expectations?
3. If working within Occupational Therapy you be working with adults at risk. An adult at risk is someone who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself.

How would you deal with this?

1. Do you have a disability?

Yes No

Let us know of any reasonable adjustments you would require.

1. What would you like to get out of an experience with the council based around the role and scope of Occupational Therapy?
2. Are you happy for your information to be shared with the relevant area of work experience?