

# WORK EXPERIENCE

# APPLICATION



**Bristol City  
Community  
Trust**

## APPLICANT INFORMATION

FULL NAME: ..... D.O.B .....

ADDRESS: .....

PHONE: ..... EMAIL: .....

WORK EXPERIENCE START DATE: ..... END DATE: .....

## EDUCATION

SCHOOL: .....

ADDRESS: .....

PHONE: ..... STAFF CONTACT: .....

EMAIL: .....

## MEDICAL

MEDICAL CONDITION(S): .....

MEDICATION NEEDED: .....

## COVERING LETTER

Please attach a covering letter outlining why you would benefit from our work experience programme.

## WHAT NEXT?

PLEASE SEND THE COMPLETED APPLICATION TO:

Bristol City Community Trust  
Ashton Gate Stadium  
BS3 2EJ

For all queries please contact [education@bcfc.co.uk](mailto:education@bcfc.co.uk) or call 0117 963 0636