



WORK PLACEMENT APPLICATION

Participant Details:

Full name:

Email address: Age.....

Name of School:

Training /Sector:

Mobile phone number:

Skype User Name:

THE WELCOMING ENTREPRISE

Name of Company: Your International Training
Address: FBD Building, The Spa Square Co. Cork
Contact name: Mr Paul Quinn

Insurance: Please Have the Following in Place:

Work Placement Insurance YES

Medical Insurance YES

Personal/Travel Insurance YES

Your desired occupation/employment field:

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Level of English - Please indicate your level of English

Pre- Intermediate

Intermediate

Upper Intermediate

Advanced

Any Dietary/ Medical Requirements (Please Outline)

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