**Student Registration Form**

**General Information:**

Name:

Address:

Email:

Phone:

**Qualifications:**

College/University:

Level of Study (please tick as appropriate):

Undergraduate

Postgraduate (taught)

Postgraduate (research)

Phd

Other (please specify)

Course Title:

Is placement a compulsory aspect of your course? Yes No

Current Status (Year 1 completed, graduate etc.):

|  |
| --- |
| Work Experience (if applicable) (150 words max) |

**Placement Details:**

Preferred Duration of Placement (including dates):

Preferred Location of Placement:

Access to own Transport (please tick): Yes No

|  |
| --- |
| Areas of Interest (200 words max) |

Have you been in direct contact with any organisations regarding placement opportunities?

Yes No

|  |
| --- |
| Please give details… |

Referee 1: Referee 2:

Name: Name:

Organisation: Organisation:

Phone Number: Phone Number:

Email: Email: