

Filling out this form

Complete the form on screen, save it and then email it to the Human Resources Team at the above address. Or send a printed copy to the above address.

If you have any questions, contact Human Resources using the above details.

Work Experience Application Form

The main reason for this form is to help us get an understating of your interests so we can ensure that you receive work experience that is right for you.

If you intend to progress with your work experience request within the MMO please complete the form below and send to the Human Resources Team.

Section 1: About you

Full name

Address (including
post code)

Home telephone

Mobile telephone

Email address

Section 2: Current status

Education

Name of educational institution

Year of course

Course being studied

Other

☐ Jobseeker ☐ Other organisation

Provide further information if needed

Section 3: Further details

Personal statement (maximum 250 words)

Please provide details on your interests, your reason for wanting work experience within the MMO and your career aspirations.

Which area of the MMO would you like to carry out your work experience in?

Which MMO location would you like to work in?

Many functions are carried out in Newcastle – are you willing to travel? ☐ Yes ☐ No

When would you like your placement to be? We will try to accommodate your request but cannot guarantee this.

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Section 4: Reference

Please provide the details for a single referee.

Full name

Address (including post code)

Home telephone

Equality and diversity monitoring

The MMO has a legal duty to monitor information on equality and diversity. The information you provide on this monitoring form is strictly confidential and will not be taken into account when deciding upon your suitability for a work experience placement.

1. Age

How old are you?

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="radio"/> 16 to 19 | <input type="radio"/> 35 to 39 | <input type="radio"/> 55 to 59 |
| <input type="radio"/> 20 to 24 | <input type="radio"/> 40 to 44 | <input type="radio"/> 60 to 64 |
| <input type="radio"/> 25 to 29 | <input type="radio"/> 45 to 49 | <input type="radio"/> 65 and over |
| <input type="radio"/> 30 to 34 | <input type="radio"/> 50 to 54 | <input type="radio"/> Prefer not to say |

2. Gender

Are you:

- ☐ Male
☐ Female
☐ Prefer not to say

3. Marital status

- ☐ Single (including divorced)
☐ Married
☐ Civil partnership

4. Sexual orientation

- ☐ The same sex
☐ A different sex
☐ Both
☐ Prefer not to say

5. Ethnic group

(A) White

- ☐ British
☐ Irish
☐ Other European
☐ Any other White background, specify if you wish

(B) Mixed

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed background, specify if you wish

(C) Asian or Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background, specify if you wish

(D) Black or Black British

- ☐ Caribbean
☐ African
☐ Any other Black background, specify if you wish

(E) Chinese or other ethnic group

- ☐ Chinese
Any other Chinese
☐ background, specify if you wish

(F) Prefer not to say

- ☐ Prefer not to say

6. Religion

- | | |
|---------------------------------|---|
| <input type="radio"/> Atheist | <input type="radio"/> Muslim |
| <input type="radio"/> Buddhist | <input type="radio"/> No religion |
| <input type="radio"/> Christian | <input type="radio"/> Sikh |
| <input type="radio"/> Hindu | <input type="radio"/> Other |
| <input type="radio"/> Jain | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Jewish | |

7. Do you consider yourself to have a disability as defined in the Equality Act 2010? (please refer to the definitions below)

- ☐ Yes ☐ No ☐ Prefer not to say

If you selected yes, please complete the section on the next page.

Otherwise, please go to question 8 on page 4.

Definitions of disabilities as defined under the Equality Act 2010

The Equality Act 2012 definition is "A person has a disability if that person has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities."

Impairment

A disability can arise from a wide range of impairments which can be:

- sensory impairments, such as those affecting sight or hearing
- impairments with fluctuating or recurring effects such as rheumatoid arthritis, myalgic encephalitis (ME) or chronic fatigue syndrome (CFS), fibromyalgia, depression and epilepsy
- progressive, such as motor neurone disease, muscular dystrophy, forms of dementia and lupus (SLE)
- organ specific, including respiratory conditions, such as asthma, and cardiovascular diseases, including thrombosis, stroke and heart disease
- developmental, such as autistic spectrum disorders (ASD), dyslexia and dyspraxia
- learning difficulties
- mental health conditions and mental illnesses, such as depression, schizophrenia, eating disorders, bipolar affective disorders, obsessive compulsive disorders, as well as personality disorders and some self-harming behaviour
- produced by injury to the body or brain.

Substantial adverse effect

A substantial effect is one that is greater than the effect that would be produced by the sort of physical or mental conditions experienced by many people that have only 'minor' or 'trivial' effects

Long-term

This means an effect which lasted 12 months or more after the first occurrence, or if a recurrence happened or continued until more than 12 months after the first occurrence.

Normal day-to-day activities

In general, day-to-day activities are things people do on a regular or daily basis, and examples include shopping, reading and writing, having a conversation or using the telephone, watching television, getting washed and dressed, preparing and eating food, carrying out household tasks, walking and travelling by various forms of transport, and taking part in social activities.

To help us implement our equal opportunities policy effectively, please let us know if you would like us to provide any particular assistance, such as:

- | | | |
|---|--|---|
| <input type="checkbox"/> induction loop | <input type="checkbox"/> sign language interpreter | <input type="checkbox"/> someone with you at the interview such as a speech facilitator or support worker |
| <input type="checkbox"/> car parking | <input type="checkbox"/> assistance in or out of a vehicle | <input type="checkbox"/> wheelchair access |
| <input type="checkbox"/> accessible toilet facilities | <input type="checkbox"/> keyboard for written tests (if selection test is appropriate) | <input type="checkbox"/> any other type of assistance |

If you have selected a sign language interpreter please let us know what type. If you selected any other type of assistance, please provide more information.

8. If you have any other specific requirements, please provide further information here and we will make the necessary arrangements.