

# Somerset County Council Rights of Way Team Work Experience Scheme Application Form



PERSONAL DETAILS	
Surname:	
First Name:	
Date of Birth: Age:	
Home Address (including your postcode):	
Home Telephone Number:	Shoe Size:
Mobile Telephone Number:	
Email Address:	
Name of Next of Kin:	Emergency Contact No:
HOBBIES, INTERESTS AND EXPERIENCE	
Please let us know about your hobbies and interests:	
Please state briefly why are you interested in taking part in the Rights of Way Teams Work Experience Scheme?	
Please detail any conservation or outdoor experience you have had:	
SCHOOL COLLEGE DETAILS (If applicable)	
School/College Name and Address:	
Name of your school/college work placement tutor:	
Contact Telephone Number: Email Address:	
What qualifications are you studying towards?	

**AVAILABILITY**

Please indicate below the dates you are free to undertake a work experience placement:

**HEALTH AND DISABILITY**  
Our Rights of Way Officers and Rangers spend a lot of time out on site surveying and carrying out works along paths sometimes in remote rural locations. In order to assist you take part in our work experience scheme, please answer the following questions.

Do you consider yourself to have any long standing illness or disability? **YES/NO**

If you have answered yes to the question above, how would you best describe your illness or disability (please circle all that apply)

Physical	Visual	Hearing
Learning	Mental Health	

Wherever possible we'll make reasonable adjustments to enable anyone with a medical condition and/or disability to take part in our scheme. Please give details of any adjustments the Rights of Way Team could carry out to help you.

**DECLARATIONS**

**APPLICANT**  
I declare that all the information I have provided is correct:

**Signed:** **Date:**

**PARENT/GUARDIAN CONSENT (Applicants under the age of 18 years)**  
I hereby give permission for my son/daughter to participate in Somerset County Council's Rights of Way Team's Work Experience Scheme and declare that the information provided is correct:

**Signed:** **Date:**

**SCHOOL/COLLEGE WORK PLACEMENT CO-ORDINATOR/SUPERVISOR**  
I hereby confirm that all the information provided by the applicant is correct and that I endorse and support their application to take part in Somerset County Council's Rights of Way Team's Work Experience Scheme.

**Signed:** **Date:**

**Please either post or email this completed application form to:**

Rights of Way Volunteer and Trails Officer  
Somerset County Council  
County Hall  
TAUNTON  
Somerset TA1 4DY

**Email:**  
ROWvolunteers@somerset.gov.uk  
**Tel :** 01823 358250