

School Work Placement Enquiry Form

Thank you for your enquiry

PLEASE COMPLETE AND RETURN this form to:

Carol Stoodley cstoodley@lymeregismuseum.co.uk

We will assess your application and get back to you as soon as we can.

First and Surname Name:	
Your Contact details:	Home Address Mobile number: Email:
Your School contact details for Staff responsible for work placement.	School: Staff Name: Email: Telephone/mobile number:
Requested Date for work placement:	
School Year & Age	
Have you visited Lyme Regis Museum before?	YES <input type="checkbox"/> If yes, date of last visit?
	NO <input type="checkbox"/> If no, what has prompted your interest in the museum?
Any additional information you think we should know:	