



**Festina Lente Foundation
Work Experience / Transition Year Placement Application Form
Under the age of 18 years of age**

Name	
Date of Birth	Age at time of applying
Address	
Contact phone numbers	
Email address	
Name, telephone number and address of parents	
Name and address of school / training service / other	
Why do you wish to spend time at Festina Lente Foundation (e.g. transition year placement, work experience)	
What do you wish to achieve out of your time in Festina Lente Foundation?	
What dates and times (if known) do you wish to spend time in Festina Lente Foundation?	



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Which of the following areas are you applying for ?	
Riding School <input type="checkbox"/>	Equestrian Training Programme <input type="checkbox"/>
Garden <input type="checkbox"/>	Transition Training Programme <input type="checkbox"/>
Day Service <input type="checkbox"/>	Equine Assisted Learning Service <input type="checkbox"/>
Have you any medical condition that we need to be aware of	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details	
Are you taking any medication ?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details	
Signed : _____	(By the applicant)
Signed _____	(By parent/s)
Date :	
<i>Outcome : for office use only</i>	