



Academic Registrar's Division - Scholarships

Scholarship Work Experience Timetable

Personal Details

Student No. First Name Surname

Checklist

- Contact your sponsoring organisation to confirm and complete the following details of your work experience component:-
 - Start date
 - End date
 - Daily/weekly contact hours
 - Location
 - Supervisor.
- Complete the details on both copies of this Scholarship Work Experience Timetable form.
- Complete the information required on your Public Liability Insurance form.
- Retain the Student Agreement Acceptance 'Student Copy' and Scholarship Work Experience Timetable 'Student Copy' for your records.
- Return the completed and signed copies of your Student Agreement Acceptance, Scholarship Work Experience Timetable and Public Liability Insurance forms within 2 weeks of receipt of your written scholarship offer to Undergraduate Scholarships Officer (address located on Student Agreement).

Work Experience

Scholarship Type	<input type="text"/>	Daily Start Time	<input type="text"/>
Scholarship Name	<input type="text"/>	Daily End Time	<input type="text"/>
Organisation	<input type="text"/>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri	
Sponsor Contact	<input type="text"/>	Total No. Weeks	<input type="text"/>
Phone	<input type="text"/>	Work Experience Location Address	
Email	<input type="text"/>	<input type="text"/>	
Start Date	<input type="text"/>	<input type="text"/>	
End Date	<input type="text"/>	<input type="text"/>	

Office Use Only

ARD database updated Information forwarded to OCP