

Pegasus Work Experience Expression of Interest Form



Student name: _____

Proposed placement dates: _____

School: _____

Teacher name: _____

Phone number: _____ Email: _____

Parent or guardian name: _____

Phone number: _____ Email: _____

Do you have any existing medical conditions or take any medication which we should be aware of for your safety? YES / NO

If yes, please provide details: _____

Do you have any special needs which we should be aware of for your safety? YES / NO

If yes, please provide details: _____

Please provide a short paragraph on why you would like to come to Pegasus for Work Experience: _____
