**Glasgow Women’s Library**

**Student placement application form**

Please complete and return to us at 23 Landressy Street, Glasgow G40 1BP

Glasgow Women’s Library processes your personal data safely in accordance with the General Data Protection Regulation 2018. We use the information you provide to process your volunteer application and add you to our mailing list if requested. We do not share this information with any third parties and you can withdraw your consent at any time by getting in touch. For more information on your rights and how your data is used and stored, please visit [womenslibrary.org.uk/privacy](http://womenslibrary.org.uk/privacy)

We send out a monthly email newsletter to keep you up-to-date. If you **would like** to receive our emails, please tick the box. You can unsubscribe at any time by getting in touch.

**Personal Details – all information you give will be treated as confidential.**

|  |
| --- |
| First Name: …………………………………… Surname: ………………………………………Your pronouns (e.g. she/her, they/them): ……………………………... |
| Address: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… Postcode: ………………………… |
| Telephone: ……………………………………… Mobile: ……………………………………E-mail: …………………………………………………………………………………………… |
| How would you prefer to be contacted? Telephone □ Mobile □ Email □ Post □ |

**About the placement**

Please indicate what area of our work or current projects interest you:

What are the **start** and **end dates** of your placement? …

How many hours per week do are you required to do? …

Are you supported ((financially or otherwise) by an academic institution for the purposes of this placement? Please specify: ………

**What skills and experience do you hope to gain from a placement with GWL?**

**What attracts you to a placement with Glasgow Women’s Library?**

**What previous experience (paid or unpaid) or skills would you like to bring to a placement with GWL?**

**Do you have any accessibility or other requirements which we should be aware of?**

|  |
| --- |
|  |

**What is the name and contact details of your placement supervisor or other relevant supervisor at the academic institution you are studying at?**

|  |
| --- |
| Name: Telephone No:Position: E-Mail:Address:Qualification you are studying for: Year of study:  |

**Your Signature:** ………………………………………………………… **Date:** …………………

*Thank you for your interest in a placement with GWL*