**Cycle SuperStore
Cycle SuperStore Ltd., Unit 13 Hibernian Industrial Estate, Greenhills Rd., Dublin 24
P: +353 (0)1 4632270 | info@cyclesuperstore.ie |** [**www.cyclesuperstore.ie**](http://www.cyclesuperstore.ie/)

**Work Experience Application Form**

**Many thanks for your interest in Cycle SuperStore. To apply for a Work Experience placement, please see the following steps required;**

* **Complete this application form in full.**
* **Please attach or have available for inspection a copy of your school’s insurance policy with regard to work experience activities.**
* **Please send both together to Gary Byrne, Gary.Byrne@cyclesuperstore.ie**
* **Please note incorrectly completed applications or applications missing any of the above are not able to be taken into consideration.**

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| **Personal Details** |  |
| Name: |  |
| Address: |  |
| Phone: |  |
| Date of Birth: |  |
| School: |  |
| School Address: |  |
| **Experience & Availability** |  |
| Please detail your interest in Work Experience placement at Cycle SuperStore. |  |
| Please state your expected Work Experience placement dates and times. |  |

Declaration: I confirm that the above information supplied is correct to the best of my knowledge. I understand that any omissions or misrepresentation of information on this application form may; in the event of my obtaining a work experience placement, result in action up to and including dismissal.