

Work experience questionnaire

Have you been on a work experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, what type of work experience did you go on?	UNPAID PLACEMENT <input type="checkbox"/>	PAID PLACEMENT <input type="checkbox"/>			
What sort of training did you receive during your work experience?	ON-THE-JOB TRAINING <input type="checkbox"/>	ACCREDITED QUALIFICATION <input type="checkbox"/>	NO TRAINING <input type="checkbox"/>		
How long did your work experience last?	1 day <input type="checkbox"/>	Up to 1 week <input type="checkbox"/>	Up to 4 weeks <input type="checkbox"/>	Up to 8 weeks <input type="checkbox"/>	Over 8 weeks <input type="checkbox"/>