**Work Placement Request Form**

All information on this form will be treated in the strictest of confidence.   
Please complete all sections to your fullest and return to the address at the foot of the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | | | | | | | | | | | | | |
| **First Name** |  | | | | | **Surname** | | |  | | | | | | | | | |
| **Title** |  | | | | | **Date of Birth** | | |  | | | | | **Age** | | |  | |
| **Address** |  | | | | | | | | | | | | | | | | | |
| **Mobile** |  | | | | | **Telephone** | | | | |  | | | | | | | |
| **Email** |  | | | | | | | | | | | | | | | | | |
| **Do you consider yourself to have a disability?** | | | | | I do not have a declared disability  I do not wish to disclose  I have a declared disability (you will have the opportunity to discuss any adjustments required in confidence with Occupational Health – please highlight on your health questionnaire) | | | | | | | | | | | | | |
| **Ethnicity:** | | A – White British | | B – White Irish | | | | C – Any other White background | | | | | D – White and Black Caribbean | | | E – White and Black African | | |
|  | | F – White and Asian | | G – Any other mixed background | | | | H – Indian | | | | | J – Pakistani | | | K - Bangladeshi | | |
|  | | L – Any other Asian background | | M – Caribbean | | | | N – African | | | | | P – Any other Black background | | | R - Chinese | | |
|  | | S – Any other ethnic group | | Z – Not stated | | | |  | | | | |  | | |  | | |
| **Next of Kin Contact** | | | | | | | | | | | | | | | | | | |
| **Contact Name** | | |  | | **Relationship** | | | | |  | | | | | | | | |
| **Telephone** | | |  | | **Email Address** | | | | |  | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | | |
| **Employment Details** | | | | | | | | | | | | | | | | | | |
| **Last/Current Employer** | | |  | | | | **Last/Current Serving Rank/Job Role** | | | | |  | | | | | | |
| **Brief Description of Responsibilities (this will help us identify areas of which you have transferrable skills)** | | |  | | | | | | | | | | | | | | | |
| **Placement Details** | | | | | | | | | | | | | | | | | | |
| **Preferred Placement Date** | | | to | | **Number of days** | | | | |  | | | | | | | | |
| **Or availability (e.g. every Monday, or only between certain hours)** | | |  | | | | | | | | | | | | | | | |
| **Area/Department preferred (if known)** | | | *First choice:*        *Second choice:*  *Third choice:* | | | | | | | | | | | | | | | |
| **Supporting Information**  **This is your opportunity to promote yourself and to identify why you would like to undertake a work placement in the NHS. Please use this space to provide any supporting information to go with your application. Support information can be anything including information not already mentioned earlier in your application, hobbies, interests and other activities. (Please attach a separate sheet if necessary).** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **By signing below, I certify all information is true and correct to the best of my knowledge.** | | | | | | | | | | | | | | | | | | |
| **Signature** | | |  | | **Print Name** | | | | |  | | | | | **Date** | | |  |

Once completed, please forward to:[workexperience@qehkl.nhs.uk](mailto:workexperience@qehkl.nhs.uk)

OR

Work Experience  
The Inspire Centre   
The Queen Elizabeth Hospital  
Gayton Road  
King’s Lynn  
Norfolk  
PE30 4ET