**Work Experience Application Form**

All information on this form will be treated in the strictest of confidence.
Please complete all sections, using black ink and CAPITAL letters.

|  |
| --- |
| **Personal Information** |
| **First Name** |       | **Surname** |       |
| **Title** |  | **Date of Birth** |       | **Age** |       |
| **Address** |       |
| **Mobile**  |       | **Telephone** |       |
| **Email** |       |
| **If you consider yourself to have a disability, would you require any adjustments to be made for your placement?** | [ ]  Not applicable[ ]  None required[ ]  Yes (please specify below) Adjustment required:       |
| **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 |  |  |  |
| **Parent/Guardian OR Next of Kin Contact** |
| **Contact Name** |       | **Relationship** |       |
| **Telephone**  |       | **Email Address** |       |
| **Address** |       |
| **Education Details if still in education** |
| **School/College** |       | **Teacher/Advisor** |       |
| **Course Title and level** |       | **If A levels please state which ones** |       |
| **Address, telephone and email** |       |
| **Employed/Unemployed** |
| **Employed**  | Yes       No       | **Unemployed** | Yes       No       |
| **Placement Details** |
| **Preferred Placement Date**  |       to       | **Number of days** |       |
| **Or availability (e.g. every Monday, or only between certain hours)** |  |
| **Area/Department preferred** | *First choice:*      *Second choice:*      *Third choice:*       |
| **Intended Career** ***Please use this space to give an indication of your intended career*** |
|       |
| **Supporting Information****This is your opportunity to promote yourself and to identify why you would like to gain some work experience in the NHS. Please use this space to provide any supporting information to go with your application. Support information can be anything including hobbies, interests and other activities. (Please attach a separate sheet if necessary)** |
|       |
| **Student Agreement to Trust Requirements** |
| *1) The Trust places considerable importance on the need for attention to health and safety at work. You have the responsibility to acquaint yourself with the safety rules of the workplace, to follow these rules and make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, are reported.* |
| *2) The Trust will also expect you to observe other rules and regulations governing the workplace which are drawn to your attention. Please note that there is a no smoking policy covering the whole working environment and that there are security arrangements applicable to most locations.* |
| *3) The Trust fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of ethnic origins, gender, disability, age, religion or sexuality.* |
| *4) There will not be payment for meals, travelling expenses or parking.* |
| **I have read and understood the above requirements** |
| **Signature (Student)** |       | **Print Name** |       | **Date** |       |

Once completed, please forward to:workexperience@qehkl.nhs.uk

OR

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