**Application for Work Experience Placement with**

**Gloucestershire Health and Care NHS Foundation Trust**

*Information will be treated in strictest confidence*

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| **Personal Details** | | | | | |
| Title: | Forename: | | | Surname: | |
| Address: | | | | | |
| Email Address: | | | | | |
| Home Telephone: | | | Mobile: | | |
| Next of Kin (in case of emergency) | | | | | |
| Name: | | Relationship: | | | Telephone: |

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| **Contact Details** | |
| Teacher or Careers Advisor Name: |  |
| School Address: |  |
| Telephone number: |  |
| Email Address: |  |

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| **Please specify when you would like to undertake the work experience placement:** | | | | | |
| Preferred date: |  | Alternative Date: |  | Alternative Date: |  |

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| **Please indicate in which areas you’d like to undertake a work placement:** | | | | | |
| Administration/Business/IT/  Facilities | 🞏 | Children’s Services | 🞏 | Podiatry | 🞏 |
| Mental Health | 🞏 | Physiotherapy | 🞏 | Speech & Language Therapy | 🞏 |
| Nursing | 🞏 | Occupational Therapy | 🞏 | Dental | 🞏 |

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| **Qualifications achieved or being studied:** | | | |
| Level (GCSE, BTEC, A Level) | Subject | Grade | Date |
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| **Previous Work Experience (if any):** | | | |
| Business/Organisation | Post Title | Start Date | Finish Date |
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| **Supporting Information** |
| *This is your opportunity to promote yourself, to identify why you would like to gain some work experience in the NHS – please provide brief supporting information to go with your application not already covered in the questions above e.g. specific occupational areas of interest, future career aspirations, any previous relevant work experience/employment or hobbies and interests:* |

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| **Criminal Record Declaration** |
| *If you have a criminal record please give details:* |

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| **To be read and signed by the individual requesting to undertake a work experience placement** |
| 1. *The Trust places considerable importance on the need for attention to Health & Safety at work. You have the responsibility to acquaint yourself with the safety rules of the workplace and to follow these rules for your own safety. It is essential that any 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 also note that there is a no smoking policy covering the whole working environment and 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, sexual orientation,* *pregnancy and maternity, marriage and civil partnerships, and gender reassignment.* 4. *There will not normally be payment for meals or travelling expenses.*   **I have read and understood the above requirements.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please provide the following signature if under 18yrs.** |
| **Parent/Guardian**  *I have read and understood the above requirements. I understand my son/daughter will be required to meet these obligations and confirm that he/she is not suffering from any complaint, which might create a hazard to him/her or to those working with him/her. I give permission for my son/daughter to attend the placement and to undertake observations/tasks as determined by Gloucestershire Health and Care NHS Foundation Trust*  Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **TO BE COMPLETED BY TRUST ONLY**  *Please complete the following information if a placement has been agreed with a student:* | | |
| **Supervisor:** | | |
| **Confirmed Dates:** | **From:** | **To:** |
| **Department:** | | |
| **Location:** | | |

*Please complete and return to:*

*The Apprenticeship and Widening Access Team, Learning and Development Department, NHS Training Hub, Invista, Ermin Street, Brockworth, Gloucester, GL3 4HP or email* [*work.experience@ghc.nhs.uk*](mailto:work.experience@ghc.nhs.uk)