

Please complete and return this form to:  
[Work.experience@gwh.nhs.uk](mailto:Work.experience@gwh.nhs.uk)

### Application for Work Experience

All information will be treated in the strictest confidence.

#### *Personal Details*

<b>Title:</b>	<b>Surname:</b>	<b>Forenames:</b>
<b>Address for Correspondence:</b>		
<b>Postcode:</b>		
<b>Telephone no:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>Email Address:</b>		
<b>Next of Kin:</b>	<b>Daytime Tel no:</b>	
<b>School/College:</b>		
<b>Address:</b>		
<b>Careers Advisor/Tutor:</b>	<b>Tel no:</b>	
<b>Dates of Work Experience (max 5 days):</b>		
<b>Area/Dept required:</b>		
<p><b>Do you have any special requirements that may assist you while on placement? Yes / No?</b></p> <p><b>If yes please specify:</b></p>		

***Previous Work Experience or Employment***

Please give details of any previous paid or voluntary work you have had.

Employers details	Dates from/to	Job description

***Other Relevant Information***

**Please use this space to provide information in support of your application, including why you have an interest in working within a healthcare/hospital setting. (Continue on a separate sheet if necessary):**

## Student, Parent and Teacher 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 work place, 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.

I have read and understood the above requirements.

<b>Signed (student):</b>	<b>Date:</b>
<b>Please obtain the following signatures: (under 18yrs.)</b>	
<b>Parent/Guardian</b>	
I support my son's/daughter's (name) application for Work Experience and give permission for him/her to attend a Work Experience Placement at Great Western Hospitals NHS Foundation Trust, if it is possible to arrange one.	
<b>Signature:</b>	<b>Date:</b>
<b>School Careers Advisor/Tutor (if under 18 yrs):</b>	
I support (name) application for Work Experience and give permission for him/her to attend a Work Experience Placement at Great Western Hospitals NHS Foundation Trust, if it is possible to arrange one. I also confirm that he/she is currently studying at (name of school/college)	
<b>Signature:</b>	<b>Date:</b>