

| Office Use Only |        |
|-----------------|--------|
| Confidentiality | NAME:  |
| Permission      | WARD:  |
| Occ Health      | DATES: |

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

### Application for Work Experience

Every placement for Work Experience at Great Western Hospitals is subject to checks which we are required by law to complete – as such, we cannot accept applications with fewer than eight weeks before the start date. Should the necessary paperwork not be in place prior to the start date, the placement may be withdrawn. Please complete all sections. All information provided is confidential.

### Applicant Details

|  |  |                    |                       |                    |  |                        |  |
|--|--|--------------------|-----------------------|--------------------|--|------------------------|--|
| <b>Title:</b>  |  | <b>Surname:</b>    |                       | <b>Forenames:</b>  |  | <b>M / F</b>           |  |
| <b>Address :</b>   |  |                    |                       |                    |  |                        |  |
| <b>Postcode:</b>   |  |                    |                       |                    |  |                        |  |
| <b>Contact no:</b>   |  |                    | <b>Date of Birth:</b> |                    |  | <b>Age:</b>            |  |
| <b>Email Address:</b>  |  |                    |                       |                    |  |                        |  |
| <b>Ethnic Origin:</b>  |  | <b>Disability:</b> |                       | Y / N              |  | If yes, please detail: |  |
| <i>It is more efficient and in the best interests of the student for us to communicate directly with them.</i> |  |                    |                       |                    |  |                        |  |
| <b>Emergency Contact:</b>  |  |                    |                       | <b>Contact no:</b> |  |                        |  |
| <b>School/College:</b>   |  |                    |                       |                    |  |                        |  |
| <b>Phone number:</b>   |  |                    |                       |                    |  |                        |  |
| <b>Careers Advisor/Tutor:</b>  |  |                    |                       | <b>Email:</b>      |  |                        |  |
| <b>Preferred dates of Work Experience (max 5 days, please note minimum 8 weeks lead time):</b>                 |  |                    |                       |                    |  |                        |  |
| <b>Area/Dept preferred:</b>  |  |                    |                       |                    |  |                        |  |

***Previous Work Experience or Employment***

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

| Employers details | Dates from/to | Description of Duties |
|-------------------|---------------|-----------------------|
|                   |               |                       |

***Other Relevant Information to Support Your Application***

Are considering a career within a healthcare/hospital setting? If yes, in which role and if no, what has made you apply for work experience at Great Western Hospital?:

What do you want to achieve from your Work Experience placement?:

What characteristics make you suitable for a work experience placement?:

## *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 must make sure you know the safety rules of the work place, and follow these rules and make use of equipment provided for your safety.
2. The Trust will also expect you to observe other rules and regulations governing the workplace – such as a No Smoking Policy covering the whole working environment and security arrangements applicable to most locations.
3. The Trust fully 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>If under the age of 18, please obtain the following signatures:</b>  |              |
| <b>Parent/Guardian Name:</b>  |              |
| <b>I support this application for Work Experience and give permission for my child to attend placement at Great Western Hospitals NHS Foundation Trust, if it is possible to arrange one.</b> |              |
| <b>Signature:</b>   | <b>Date:</b> |
| <b>School Careers Advisor/Tutor as on page one:</b>   |              |
| <b>I support this application for Work Experience and give permission for a placement at Great Western Hospitals NHS Foundation Trust, if it is possible to arrange one.</b>                  |              |
| <b>Signature:</b>   | <b>Date:</b> |