

**WORK EXPERIENCE APPLICATION FORM**

The student requesting the work experience placement should complete this form. No placement can be confirmed until the Work Experience Coordinator has received confirmation from the requested department.

**Please be advised that it can take a number of weeks to secure a work experience placement, you will be advised of the progress of your application 4-6 weeks before the requested placement date.**

**Personal Details**

|  |  |  |
| --- | --- | --- |
| Name: | Date of Birth: | Age: |
| **Home Address:**  Tel No (with area code):  Email: | **Parent/Guardian Address (If different):**  Tel No (with area code): | |
| **School / College / University Address & Contact Name of Coordinator:**  Tel No (With area code): | **Emergency Contact Name:**  **Emergency Contact Address:**  Tel No (With area code): | |

**Education Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject**  **e.g. Biology** | **Level**  **e.g. GCSE** | **Date Taken** | **Date Due To Take** | **Grade Achieved**  **e.g. A** |
|  |  |  |  |  |

## Before you complete page two of this application please consider the following:

**To reassure the departmental staff within Walsall Healthcare NHS Trust it has been requested that all applicants identify their understanding about what their chosen placement(s) do. Failure to provide this level of understanding may result in departments refusing placements. Also check the placement guide for age restrictions**

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**Your Placement**

Applications should only be made for one area, requests asking for multiple areas will not be considered. Please be specific with your requested dates. Please note we cannot provide work experience placements on bank holidays, weekends or out of office hours.

|  |  |
| --- | --- |
| Do you wish to shadow a doctor? **(please tick the appropriate box)** | |
| Yes | No |

Please indicate your preference (i.e. department/service area) where you would like to undertake your work experience placement. Please give a brief description of what you think the department does.

What dates do you require your placement. (We only provide 1 week or less)

From: To:

Use the following section to describe your intended career path and why you will benefit from this placement.

|  |  |  |
| --- | --- | --- |
| Is your Work Experience for **(please tick the appropriate box)** | | |
| School request | UCAS form | Personal requirement |

## The completed application form should be emailed to: [work.experience@walsallhospitals.nhs.uk](mailto:work.experience@walsallhospitals.nhs.uk?subject=Work%20Experience%20Application)

Top of Form

Bottom of Form

**Declaration**

I understand that any placement offered will be subject to the information given on this form and agree to work within departmental guidelines.

Signed Date:

The information within the form will be used to determine the appropriateness of the work experience request. Some aspects of the information within the application form maybe passed onto the managers of the areas selected for placement.

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**Equalities Monitoring Form**

# The information provided on this form is confidential and anonymous and will only be used to monitor the makeup of applicants for a Work Experience or observation placement. The information is requested so that Walsall Hospitals NHS Trust can monitor that it is complying with Equalities legislation as well as its own Equality Schemes.

|  |  |  |  |
| --- | --- | --- | --- |
| **GENDER:** Please tick one of the boxes below | | | |
| **Female** |  | **Male** |  |
| **ETHNICITY**: To which of these ethnic groups do you consider you belong? Please tick **one** of the boxes below. This information is required by Walsall Hospitals NHS Trust in order to comply with the Race Relations (Amendment) Act 2000 to ensure that no particular individual or group of people are discriminated against in the provision of services or employment opportunities | | | |
| **White** |  | **Mixed** |  |
| British |  | White and Black Caribbean |  |
| Irish |  | White and Black African |  |
| Any other White background |  | White and Asian |  |
|  |  | Any other mixed background |  |
| **Asian or Asian British** |  |  |  |
| Indian |  | **Black or Black British** |  |
| Pakistani |  | Caribbean |  |
| Bangladeshi |  | African |  |
| Any other Asian background |  | Any other Black background |  |
|  |  |  |  |
| **Any other Ethnic Group** |  |  |  |
| Chinese |  | I do not wish to disclose this |  |
| Traveller |  |  |  |
| Gypsy |  |  |  |
| Any other ethnic group |  |  |  |
| ***DISABILITY****: We have to ask if you are disabled as defined by the Disability Discrimination Act (1995). As a disabled person, under this definition, you have ‘… a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.’*  **Do you consider yourself to be disabled under this definition?** | | | |
| Yes |  | No |  |

During the time you spend with us, we need to be aware of any disabilities/illnesses you may have so we can provide the correct support that you may need. It is therefore important to fill in the following section if applicable.

Please specify any illness or disability that we need to be aware of:

What is your medication and where will you keep your medication whilst on placement?

Do you carry a medical alert card/bracelet?

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