

Work Experience Application Form



Contact Details Download this form and launch it in Adobe PDF Reader before completing

All data recorded about you will be done in accordance with the Data Protection Act 2018. **Very important: please tick options at the end of the application form to provide permission for us to contact you or we won't be able to process your application or provide any work experience.**

Title:	Forename:	Surname:
N.I. (Student Number if NI not available):	Date of Birth:	Gender:
House Number:	Street:	Postcode:
Town:	Email:	
Telephone:	Alt Tel:	
Emergency Contact (name):	Emergency Contact (number):	

NHS organisations are required to collect demographic details to comply with various acts of parliament. This data is used for monitoring purposes only.

Ethnicity Race Relations (Amendment) Act 2000 - NHS organisations are required to collect details about each employee's ethnicity. This information is collected to comply with that obligation and is used for monitoring purposes only.

- A) White - British
 D) Mixed - White & Black
 M) Black or Black British
 C) White - Other
 F) Mixed - White & Asian
 R) Chinese
 CD) White - Cornish
 G) Mixed - Other
 S) Any Other Ethnic Group
 CY) White Other European
 H) Asian or Asian British
 Z) I do not wish to disclose my race/ethnicity

Religious Belief Employment Equality Regulations 2003 - To help ensure we comply with the Employment Equality Regulations the Trust is monitoring sexual orientation and religion/belief in the workforce.

- Atheism
 Buddhism
 Christianity
 Hinduism
 Islam
 Jainism
 Judaism
 Paganism
 Sikhism
 Other
 I do not wish to disclose this

Sexual Orientation: Bisexual Gay Heterosexual Lesbian I do not wish to disclose this

Disability Disability Discrimination Act 1995 - The disability Discrimination Act protects disabled people. This includes people with long-term health conditions. We may contact you in the future to see if we have made reasonable adjustments to determine how well you are supported in the workplace.

- I do not have a disability
 Yes, I perceive myself to have a disability
 I do not wish to disclose this
If yes, please indicate:
 Physical Impairment
 Learning Disability
 Sensory Impairment
 Long-Standing Illness
 Mental Health Condition
 Other (please expand in health check details box below)

Essential Information relevant to Health, Safety and Welfare Where relevant this information will be given to staff supervising work experience placements and any Get In Cornwall events you may attend. Please mark any that relate to you. Do you have or suffer from:

- Significant colour vision defect or other vision disabilities?
 Hearing difficulties?
 Restrictions of normal physical activity?
 Skin allergies or eczema?
 Fainting attacks or fits?
 Have you been in contact with any infectious diseases in the past four weeks?
 Bronchitis, asthma or chest complaints?
 Learning/behavioural difficulty that may affect your ability to understand or act on instructions?
 Other health problems that may affect your safety and welfare, including the need for regular medication?

If you have answered yes to any of the above section then please provide further details:	
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If your health changes after submitting the form to the time of placement, you must inform the Work Experience Co-ordinator immediately.

Educational Background Please state highest academic achievement or qualifications/achievements you working towards.

Last/Current School/College/Uni:	Year
Qualification:	Level
Qualification:	Level

We will do our best to accommodate you in your choice on the preferred dates, but due to the number of requests we receive and the availability of staff this may not always be possible.

Type of work experience placement applied for (For options click here – Save your form first):	Preferred Date/s:

Supporting Information: This is your opportunity to promote yourself, to identify why you would like to gain some work experience in the NHS. Supporting information can be anything that is not already covered by the questions on the form and may include any hobbies, interests or other activities which you enjoy.

This form must be submitted BOTH digitally AND in signed hardcopy

STEP 1: Save your Form, Click 'Submit' in the purple bar at the top of this page or over the 'GetIn' logo, this depends Adobe Reader or Browser
Check for a sent email entitled "Submitting completed form". Ensure that your email inbox is not full. You will receive an automated reply (If you don't see a sent email or receive a receipt response, then manually save, attach and send it to info@getincornwall.com)

STEP 2: Sign and return the form to: GetIn Cornwall, Learning & Development, The Knowledge Spa, Royal Cornwall Hospital, TR1 3HD

Agreement & Signatures

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 or travelling expenses.
5. Failure to attend without sufficient notice will result in no further placement offered.
6. Students who attend for placement must adhere to the dress code outlined in the Work Experience Information booklet or placement sheet.
7. Students will be punctual and behave in a courteous manner towards staff, patients and visitors throughout the duration of their placement.
8. Due to the limited number of placements available I accept that I can only apply for one placement per academic year.
9. I have provided a valid email address that is regularly accessed and I will provide timely responses when required
10. I understand that failure to comply with set conditions or to provide adequate information may result in my application being declined or an arranged placement being withdrawn.

"I, the applicant, have read and understood the above requirements, and by submitting the application I agree with them"	Signature:	Date:
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Please obtain the following signatures if you are under 18 year of age:

Parent/Guardian: I have read and understood the above agreement. I will ensure the student carries out these obligations and confirm that he/she is not suffering from any complaint, which might create a hazard to himself/herself or to those working with him/her. I give permission for the named individual to attend the placement and observe during their visit.

Name:	Relationship to applicant:	Signature:	Date:
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Teacher/Careers advisor if Under 18 yrs: I have read the work experience programme information and give permission for the named individual to attend the placement. I also confirm that they are currently studying at the above educational establishment.

Name:	Job title:	Signature:	Date:
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Data Protection – let us know how we can contact you

Can we contact you to arrange work experience by (please tick):

- Email * Phone SMS (text)

Please note that email is our preferred method of contact – please ensure that the address given is correct and checked regularly.

Can we share your details with partner organisations when arranging work experience (please tick)?

- Yes No

We would also like to contact you by email to let you know about forthcoming healthcare related events and opportunities which we feel may be relevant to you, to ask for feedback on Get In Cornwall work experience and events you have attended and to monitor whether you go on to further study or work in healthcare. **Please tick to give your permission for us to send:**

- Information about healthcare related events/opportunities Brief surveys asking if you are currently working in healthcare or studying for a healthcare qualification (very occasionally)
- Electronic newsletters (monthly or termly)
- Requests for feedback on work experience/events (occasional)

For information about how we use and share your confidential information please see the Trust's web page:

<https://www.royalcornwall.nhs.uk/our-care-promise/confidential-personal-information>