**Work Experience Application Form**

*Please note: completion of this application does not guarantee you a placement.*

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| **Section 1: About You** | | | |
| Full Name |  | | |
| Date of Birth |  | | |
| Contact Number |  | | |
| Email Address |  | | |
| Home Address |  | | |
| Post Code |  | | |
| **Emergency Contact Details** | | | |
| Full Name |  | Relationship |  |
| Home Address |  | | |
| Post Code |  | | |
| Contact Number |  | | |
| **Parent/Guardian Contact Details** (If Under 18) | | | |
| Full Name |  | Relationship |  |
| Home Address |  | | |
| Post Code |  | | |
| Contact Number |  | | |
| **Covid Vaccine Status** | | | |
| Date of first vaccine |  | | |
| Date of second vaccine |  | | |
| Date of Booster |  | | |

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| **Education** | |
| School/College |  |
| Course |  |

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| **Why do you want to work for the NHS?** (Please tell us about you and why you are interested in working within the NHS) |
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| Job Role (Please outline the job role(s) you are interested in shadowing) |
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| **Section 2: Placement Details**  Please select which area you would prefer to be placed within | |
| Corporate  *This includes our key administrative functions such as Payroll, Human Resources, IT and Learning & Development etc.* |  |
| Community  *This includes our Social Care teams* |  |
| Acute  *This incorporates our main clinical hospitals sites and the various services they provide with a focus on medical and nursing professions* |  |
| GP Practices  *We have a wide network of GP practices throughout the area in the primary care setting. Please note we are unable to place you in a practice in your local area* |  |

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| **Preferred Location** |
| *Details of all our sites are available on* [*https://www.northumbria.nhs.uk/our-locations/*](https://www.northumbria.nhs.uk/our-locations/) |
| **Further Information** |
| *Please provide any additional information about the type of placement you would like* |
| **Available Dates** |
| *Please specify when you are available to undertake your placement* |
| **Preferred Length of Placement** |
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| **Prior Arrangements**  *If you have made prior contact with a member of staff in regards to a placement please complete the information below* | |
| Name |  |
| Job Role |  |
| Department |  |
| Placement Details Discussed |  |

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| Applicant Signature |  | Date |  |

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| To be completed by Parent/Guardian if you are under 18 | | | |
| Signature |  | Date |  |
| Print Name |  | | |

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| To be completed by school/college representative if applicable | | | |
| Signature |  | Date |  |
| Print Name |  | | |
| Contact Details |  | | |

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| **Section 3: Rehabilitation of Offenders Act 1974** | | | | |
| Name | |  | | |
| School/Place of Work | |  | | |
| Because of the nature of the work placement for which you are applying, you must declare **ANY** previous convictions. This Post is exempt for the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) order 1975. Applications are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provision of the Act and, in the event of employment, any failure to disclose such convictions could result in your dismissal and or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for a position to which this Order applies.  In the light of the above, do you have any convictions to declare?   * Yes * No | | | | |
| If yes, please give details below: | | | | |
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| Applicant Signature |  | | Date |  |

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| To be completed by Parent/Guardian if you are under 18 | | | |
| Signature |  | Date |  |
| Print Name |  | | |

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| **Section 4: Monitoring Information** | |
| This section will be removed from your application form. The information collected will only be used for monitoring purposes in an anonymised format and will help the organisation analyse the profile in support of their equal opportunities policies.  NHS organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We therefore welcome applications from all sections of the community. | |
| Date of Birth |  |
| Gender |  |

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| **Equality Act**  I would describe my ethnic origin as: | | |
| **Asian or Asian British**   * Bangladeshi * Indian * Pakistani * Any other Asian background   **Black or Black British**   * African * Caribbean * Any other Black background | **Mixed**   * White & Asian * White & Black African * White & Black Caribbean * Any other mixed background   **White**   * British * Irish * Any other White background | **Other Ethnic Group**   * Chinese * Any other ethnic group * I do not wish to disclose this |
| The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable. | | |
| **Do you consider yourself to have a disability?** | * Yes * No * I do not wish to disclose this | |

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| **Section 5: References** | | | | | |
| Please provide the names and full contact details of the people who have agreed to supply references. References must cover a period of three years employment and/or training history, where this is possible.  Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution.  If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor, solicitor or MP. Where it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of two personal acquaintances who would be willing to give a reference. Personal acquaintances must not be related to you, or have any financial arrangement with you.  Please note that all reference requests will be followed up and verified through the organisation’s human resources department or other relevant recruitment function. | | | | | |
| \*Surname/Family name |  | First Name | |  | |
| Title |  | | | | |
| Job Title |  | | | | |
| \*Address |  | | | | |
| \*Post Code/ Zip Code |  | \*Country |  | | |
| Telephone |  | Fax |  | | |
| Email |  | | | | |
| \* Relationship |  | \*Can the referee be contacted prior to interview? | | | 🞎 Yes 🞎 No |