# Work Experience Application Form

To apply for a work experience placement, please complete and submit the application form below, only applications via this form will be considered.

**Please note this application must be filled out by the applicant and all correspondence will be directed to them not third party.**

## Entry requirements for all placements:

* Must be at least 14 years old at commence of placement
* Live and/or study within Kent
* Completion and approval of occupational health application form
* You are considering a career in the area in which you are applying for a placement and can demonstrate this in your application
* You are able to attend on the full designated placement times and weeks
* Applicants must be over 18 to be considered for a patient facing role

**Please note our numbers are restricted and therefore not every applicant can be accepted. We are unable to consider applications where you do not fit the criteria, where applications are incomplete, or you do not follow the correct applications procedure.**

Please ensure to fill out **all sections** of this form – if sections are left blank, we will be unable to process your application. It takes at least 8 weeks to process applications so please submit with plenty of time.

Please return all forms via email to: medwayft.workexperience@nhs.net

|  |  |
| --- | --- |
| **Surname** |  |
| **Forename(s)** |  | **Miss/Mrs/Ms/Mr/Other** |
| **Known as:** |  |
| **Address****Post Code** |  |
| **Telephone No** |  |
| **Mobile No** |  |
| **Email Address** |  |
| **National Insurance Number**  |  |
| **Date of Birth** |  | **Age at time of planned placement** |  |
| **Next of Kin *(emergency contact)*** |  | **Contact No** |  |
| **Are you actively taking any medication? if so, please provide details of medication, frequency etc.****Do you have any known allergies?** |  |
| **Do you currently hold a valid DBS?** |  |
| **Qualifications obtained**  |  |
| **Qualifications currently being studied** |  |
| **Education** |
| **Are you in education?**  | Yes | No  |
| **Are you in training?** |  |  |
| **Are you in employment?** |  |  |
| **If in Education, where do you study?**  |  | Education contact name: |  |
| **Education contact email:** |  | Education contact number: |  |
| **Type of Work Experience Placement?** | * Clinical / patient facing (*18 years old+ only*)
* Clinical / non patient facing - /office/administration/support
* Non-clinical / non patient - /office/administration/support
 |
| **Area/Department you would like to undertake your work experience – *Please only refer to the list of options on our Work Experience website*** |  |
| **Second choice of work experience interest should your first not be available**  |  |
| **Preferred Dates** |  |
| **Are you or does your school work with any of these work experience providers?**  |  |
| **Medway Education Business Partnership (MEBP)** | Yes |  | No |  |
| **Dom Education**  | Yes |  | No |  |
| **Aim of Work Experience** | Gaining entry level employment | Gaining access to Higher Education or professional training, including medical school | Part of organised work experience through their school or college | For its own sake | Unknown |

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| **Supporting Information** |
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| **Why have you chosen to apply for Work Experience at Medway NHS Foundation Trust?**Please include:* Why you have requested the specific area/department
* Future career interests and aspirations
* Learning objectives for your placement
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## MONITORING INFORMATION

Equality Act 2010

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| **Please indicate your ethnic origin** | ☐ White☐ Mixed☐ Asian/Asian British☐ Black/Black British☐ Chinese☐ Other    ☐ Undisclosed☐ Unknown Ethnicity                             |
| **Nationality**  |  |
| **I identify my gender as**  | MaleFemaleOther/ Do not wish to discloseUnknown Gender |
| **Do you have a disability of which we should be aware? If so, please give details and detail any reasonable adjustments** | ☐ Declared Disability☐ No Declared Disability☐ Undisclosed☐ Unknown☐ n/a                       |
| **Please state the type of impairment which applies to you****You may experience more than one type of impairment, in which case you may indicate more than one.  If none of the categories apply, please mark ‘other’.** | ☐ Physical impairment ☐ Learning Disability/Difficulty ☐ Sensory impairment☐ Long-standing illness ☐ Mental health condition☐ Other          ☐ n/a                       |

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|  |  |  |  |  |

Please sign and date this form.

SIGNATURE..................................................................................................................

NAME (in block capitals):................................................................................................

DATE:........................................................................................................ .....................

## WORK EXPERIENCE AGREEMENT

1. The placement will be without remuneration from the Trust. Travelling expenses, course fees, etc. will not be met by the Trust.
2. The Trust has an obligation under the Health and Safety at Work Act 1974 to provide safe and healthy working conditions and methods. You are required to co-operate with Management in discharging its responsibilities under the Act and to take reasonable care for the health and safety of yourself and others.
3. During the course of the placement, you may have access to see or hear information of a confidential nature. All information concerning patients and staff is strictly confidential. You must not disclose any confidential information to anyone outside the Trust or anyone within the Trust who is not authorised to have such confidential information. Any breach of confidentiality will result in discontinuation of the placement.
4. Either you or the Trust may terminate this arrangement without notice.
5. In the event of any allegations of misconduct, this placement may be terminated by the Trust without notice.
6. Nothing in this agreement creates, or deems to create; a contract of employment between you and the Trust and you will not be entitled to any payment on the cessation or discontinuance of your placement.
7. If, for any reason, e.g. sickness, you are unable to attend for the purpose of your placement, you or someone on your behalf should telephone your placement mentor as soon as possible.
8. During your time with the Trust you will comply with all relevant Trust policies and procedures.
9. The Trust does not accept responsibility for personal property lost or damaged on Trust property. You are advised to avoid wearing expensive jewellery at work and to refrain from bringing in items of high value.
10. You are responsible to your placement mentor and must act in accordance with their instructions and keep them informed of the work undertaken by you for the Trust.
11. You are required to assist in the investigation of any incidents that you were involved with or witnessed and if requested, supply a written statement and give evidence as a witness on behalf of the Trust.
12. You are requested to declare in writing to the Chief Executive any financial interests you may have in relation to any order or contract placed / entered into by the Trust.

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| **Rehabilitation of Offenders Act 1974** |
| **The work experience post for which you are applying is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975. You are therefore not entitled to withhold information of any criminal convictions you have received, either prior to your application for work experience or during it. This does not automatically prejudice your application and any information will be treated in the strictest confidence. Failure to disclose conviction may lead to withdrawal of the work experience placement.****Have you any previous convictions/pending court appearances Yes / No****If ‘yes’ please enter the details here:** |

I hereby confirm to the agreements and terms specified above.

Print Name:

Signed: Date:

Parent/Guardian:

Signed: Date:

Bottom of Form