# **Work Experience Application Form**

To apply for a UCAS Medical Professionals or Clinical Professionals work experience placement, please complete and submit the application form below, only applications via this form will be considered. Ensure you are aware of the criteria before completing this application form

**Please note this application must be filled out by the applicant and all correspondence will be directed to them not third party. Please ensure you use an email address that you will monitor to check progress of your application.**

* Applicants must be between 16-18 and in school or college
* Applicants must live or study within Kent
* Applicants must provide a statement
* Applicants must provide a written reference from their school or college
* Applicants must be approved by our occupational health team via an online application form (link will be sent to successful applicants) they advise any reasonable adjustments to support students on placements.
* Clinical professional applicants must be considering a career in one of the areas that full under clinical professionals and can demonstrate this in your application. Please note these areas are Nurse/midwife and AHP.
* UCAS Medical professional applicants must be studying towards and expect to achieve the qualifications that will enable you to start a career in medicine
* UCAS Medical professional applicants Be committed to apply to a UK medical school within the next 24 months
* UCAS Medical professional applicants Have gained or predicted at least five GCSEs at grades 9 to 8 in Mathematics sciences
* Applicants are able to attend on the full designated placement times including their induction day

**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.**

**Due to high demand if you are unsuccessful we regret we are unable to provide induvial feedback**

Please ensure to fill out **all sections** of this form – if sections are left blank, we will be unable to process your application. Please return all forms via email to:

[medwayft.workexperience@nhs.net](mailto:medwayft.workexperience@nhs.net)

We also accept handwritten application forms here:

**Work Based Learning: Education Centre, Medway Maritime Hospital, Windmill road, Gillingham Kent ME7 5NY**

**Any enquires please call us on 01634 976312**

**Please refer to our website to identify our offer and application windows**

**Please type or print clearly.**

Information will be treated in the strictest confidence. All areas marked \* must be completed in full otherwise your application will not be processed. At any point in the application you can write ‘prefer not to say’.

**Please note: Submitting a work experience application does not guarantee a place**

1. **Type of placement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Work Experience Placement?\***  **UCAS Medical Professionals or Clinical Professionals**  **Please ensure you have read the criteria for each** |  | | | | |
| **Area/Department of interest**  **Please provide two** |  | | | | |
| **Preferred dates from the dates advertised on our website** |  | | | | |
| **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 |

1. **Personal details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of application:** |  | | | | | | **Title:**  **(Mr, Miss, Mrs, Ms, Mx other)** | |  | | |
| **Full name\*:** |  | | | | | | | | | | |
| **Preferred name:**  **(known as)** |  | | | | | | **Date of birth\*:** | |  | | |
|  | | | | | | | | | | | |
| **Full home address\*:**  **(Please include postcode)** |  | | | | | | | | | | |
| **Mobile contact number\***  **(Applicants)** |  | | | | | | | | | | |
| **Email address\***  **(Applicants)** |  | | | | | | | | | | |
| **National Insurance Number\*\*** |  | | | | | | | | | | |
| **\*\*Only needed for you are applying for a supported internship or T-Level industry placement** | | | | | | | | | | | |
| Disclosure and Barring Service logo**Do you hold a current DBS?** | **Yes** |  | **No** |  | **If Yes please give details: Type either basic, standard or enhanced/ Date of issue/ Who applied for this?** | | | | | | |
|  | | | | | | | | | | | |
| **Do you have a relative/s working at Medway NHS Foundation Trust?** | | | | | |  | | **Yes** | |  | **No** |
| **If yes, please give their name and which department they work in** | | | | | |  | | | | | |
| **Please note that staff affiliated applications does not guarantee a place or receive priority** | | | | | | | | | | | |

1. **Emergency contact details**

If the applicant is under 18 years old this person must sign the form below

|  |  |
| --- | --- |
| **Their full name\*:** |  |
| **Relationship to applicant\*:** |  |
| **Mobile number\*:** |  |

1. **Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifications:**  **Please include and identify:**  **Predicated, gained or studying.** |  | **Predicted, gained or studying** |  |
|  | **Predicted, gained or studying** |  |
|  | **Predicted, gained or studying** |  |
|  | **Predicted, gained or studying** |  |
|  | **Predicted, gained or studying** |  |
|  | **Predicted, gained or studying** |  |
|  | **Predicted, gained or studying** |  |
|  | **Predicted, gained or studying** |  |

1. **Social Economic Information**

|  |  |  |
| --- | --- | --- |
| **Occupation type of your main household earner when you were aged 14** | **Long-term unemployed** |  |
| **Retired** |  |
| **Semi-routine Manuel and service occupations** |  |
| **Senior, middle or junior managers or administrators** |  |
| **Small business owners** |  |
| **Technical and craft occupations** |  |
| **Other** |  |
| **Unknown** |  |
| **Prefer not to say** |  |
|  |  |  |
| **Type of school you attend/attended between the ages of 11-16** | **Attended school outside of the UK** |  |
| **Independent or fee paying school** |  |
| **Independent or fee paying school, receiving means- tested bursary covering 90% or more of the overall cost of attendance** |  |
| **State-run or State-funded school** |  |
| **Other** |  |
| **Prefer not to say** |  |
|  |  |  |
| **Did/will either of your parents attend university before you reach 18 years old?** | **No, neither of my parents attended university** |  |
| **Yes, one or both of my parents attended university** |  |
| **Unknown** |  |
| **Prefer not to say** |  |
|  |  |  |
| **Have you ever been living in local authority care for a period of three months or more?** | **Yes** |  |
| **No** |  |
| **Are you a registered young carer?** | **Yes** |  |
| **No** |  |
|  |  |  |
| **Are your currently in education or training** | **Yes** |  |
| **No** |  |

# Equality Assessment Monitoring

# The NHS holds the principles of equality and inclusion at the heart of everything it does and all that it stands for. Work experience placements can offer an opportunity for people from underrepresented communities to gain experience that may be difficult to access through other routes. The following data will be anonymised and used to monitor the diversity of our cohorts. This will ensure we are able to widen participation by targeting underrepresented groups.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trans identification:**  **(Please tick)** | **Yes** |  | **Gender:**  **(Please tick)** | **Female** | |  | | **Sexual orientation:**  **(Please tick)** | **Bisexual** | |  |
| **No** |  | **Male** | |  | | **Gay/ Lesbian** | |  |
| **Other** |  | **Non-binary** | |  | | **Heterosexual/ Straight** | |  |
| **Prefer not to say** |  | **Other** | |  | | **Homosexual** | |  |
|  | | **Prefer not to say** | |  | | **None/Asexual** | |  |
|  | | | | **Other** | |  |
| **Prefer not to say** | |  |
|  | | | | | | | | | | | |
| **Ethnicity:**  **(Please tick)** | | **Any other mixed/ Multiple ethnic background** | | |  | | **Any other White background** | | |  | |
| **Asian** | | |  | | **Asian/ Asian British - Bangladeshi** | | |  | |
| **Asian/ Asian British - Indian** | | |  | | **Asian/ Asian British – Pakistani** | | |  | |
| **Black** | | |  | | **Black/ Black British African** | | |  | |
| **Chinese** | | |  | | **Indian** | | |  | |
| **Mixed / Multiple - White and Black Caribbean** | | |  | | **Mixed / Multiple - White and Black African** | | |  | |
| **Mixed / Multiple - White and Asian** | | |  | | **White British** | | |  | |
| **Other** | | |  | | **Prefer not to say** | | |  | |

1. **Disability**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a disability of which we should be aware? If so, please give details and detail any reasonable adjustments | **Yes** |  | 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** | | | |  | |
| **No** |  | **Learning Disability/Difficulty** | | | |  | |
| **Other** |  | **Sensory impairment** | | | |  | |
|  | | **Long-standing illness** | | | |  | |
| **Mental health condition** | | | |  | |
| **Other** | | | |  | |
|  | | | | | |
|  | | | | | | | | | |
| Do you have an Education and Health Care Plan (EHCP) or anything else that we need to be aware of? | | | | | **Yes** |  | **No** | |  |
| **If yes please give details** | | | | | | | | | |
|  | | | | | | | | | |

1. **Supporting information**

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| --- |
| **Please tell us your goals and learning objectives for this placement for this placement** |
| **Please outline why you are requesting work experience and what you hope to achieve. Please include your future plans and aspirations.**  **(Maximum 200 words).** |
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1. **Work Experience Agreement**
2. The placement will be without remuneration from the Trust. Travelling expenses, course fees, etc. will not be met by the Trust.
3. 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.
4. 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.
5. Either you or the Trust may terminate this arrangement without notice.
6. In the event of any allegations of misconduct, this placement may be terminated by the Trust without notice.
7. 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.
8. 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.
9. During your time with the Trust you will comply with all relevant Trust policies and procedures.
10. 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.
11. 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.
12. 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.
13. 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 and the information is complete and correct and that any untrue or misleading information will give the right to terminate any placement offered. I understand that any offer of a placement is subject to Medway NHS Foundation Trust being satisfied with the results of series of relevant checks, for example Occupational health.

**Permission A – School/College/Education Establishment**

|  |  |  |
| --- | --- | --- |
| **Name of current education institute:** | |  |
| **Contact name as referee:** | |  |
| **Telephone number:** | |  |
| **Email address:** | |  |
| ***I am aware of the application for work experience and can confirm the participant is suitable for this placements to the best of my knowledge and I am happy to be contacted to discuss further.*** | | |
| **Signature of referee:** | |  |
| **Date:** | |  |
| Any additional comments:  e.g support needs, reasonable adjustments |  | |
| Reference from school or college attached |  | |

**Permission B – Emergency Contact – (must be parent/Carer if under 18)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Telephone number:** |  |
| **Emergency contact signature:** |  |
| **Date:** |  |

**Permission C – Participant**

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| --- | --- |
| **Print full name:** |  |
| **Participant signature:** |  |
| **Date:** |  |

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](mailto:medwayft.workexperience@nhs.net)

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