

**City Hospitals Sunderland NHS Foundation Trust**

**South Tyneside NHS Foundation Trust**

**Work Experience Expression of Interest Form 2018**

**St Robert’s of Newminster RC School**

**Please note this form only applies to Work Experience requests in 2018. All sections of the form must be completed.**

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| **Placement Details** | |
| **Please highlight your availability:**  Placements can be in offered both in and outside of academic term times. | |  |  |  |  | | --- | --- | --- | --- | | **Month** | **Available** | **Month** | **Available** | | May 2018 |  | August 2018 |  | | June 2018 |  | September 2018 |  | | July 2018 |  | October 2018 |  | |

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| **Personal Details** | | | | |
| **Title:** |  | **Male / Female:** | |  |
| **Surname:** |  | **Forename:** | |  |
| **Age:** |  | **DOB:** | |  |
| **School Year Group or Further Education:** |  | | | |
| **Address** |  | | | |
|  | | | |
|  | | | |
| **Postcode:** |  | | **Contact No:** |  |
| **Email:** |  | | | |
| **School / College / University currently attending:** |  | | | |

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| **Emergency Contact Details** | | | |
| **Please provide details of two people who could be contacted in case of emergency:** | | | |
| **Name:** |  | **Relationship:** |  |
| **Contact Details** |  | | |
| **Name:** |  | **Relationship:** |  |
| **Contact Details** |  | | |

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| **General & Further Education** | | |
| **Qualifications**  (or those to be taken) | **Grades**  (Please include predicted grades for 2018) | **Year Obtained** |
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| **Reference**  This person will be contacted when you have been conditionally offered a place | |
| Name: |  |
| Organisation: |  |
| Address: |  |
| Contact Number:  Email: |  |

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| **Supporting Information**  Please use the space below to outline the placement you are requesting, why you are requesting the placement and why with City Hospitals Sunderland/South Tyneside NHS Foundation Trust. Please also provide any other supporting information such as hobbies, interests and other relevant work experience you may have had. |
| Please continue on a separate sheet if necessary |

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| **Area of Interest, Please note we do not offer any pathology placements** | | | |
| Medicine |  | Healthcare Science (please specify area in your supporting information) |  |
| Maternity |  | Other (specify) |  |
| Nursing |  |

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| **Student, parent and teacher agreement to trust requirements** | | | |
| 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 normally be payment for meals or travelling expenses. | | | |
| 5. Photos may be taken during the placement to be used in internal & external publications, in agreeing to the placement you are agreeing to you / your child’s photo being taken and used. **Please inform us if you do not agree to this.** | | | |
| Signature (Student): | |  | Date: |
| Print Name | |  | |
| Please obtain the following signatures if under 18yrs. | | | |
| **Parent/guardian**  I have read and understood the above requirements. 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 him/her or to those working with him/her. I give permission for my son/daughter to attend the placement and observe during his/her visit to City Hospitals Sunderland/South Tyneside NHS Foundation Trust. | | | |
| Signature (parent/guardian): |  | | |
| Print name: |  | | |
| Date: |  | | |

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| **Teacher/careers adviser**  I have read the above requirements and give permission for this studentto attend the placement and observe during his/her visit to City Hospitals Sunderland/South Tyneside NHS Foundation Trust. I can confirm that they are currently studying at the school/college/university named above and the predicted grades shown are accurate. | | |
| Signature (teacher/careers advisor): | |  |
| Print name: | |  |
| Date: | |  |
| **MONITORING INFORMATION**  The information given in this section will be treated in the strictest confidence and used only for monitoring purposes in an anonymized format.   |  |  | | --- | --- | | Date of Birth |  | | \* Gender | 🞎 Male  🞎 Female  🞎 I do not wish to disclose this |   **Equality Act 2010**   |  |  |  | | --- | --- | --- | | \* 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 |  |  |  |  | | --- | --- | --- | | \* Please select the option which best describes your sexual orientation | | | | 🞎 Lesbian  🞎 Gay  🞎 Bisexual | 🞎 Heterosexual  🞎 I do not wish to disclose this | | | \* Please indicate your religion or belief | | | | 🞎 Atheism  🞎 Buddhism  🞎 Christianity  🞎 Islam | 🞎 Jainism  🞎 Sikhism  🞎 Judaism | 🞎 Hinduism  🞎 Other  🞎 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 information | | If yes please give details of any reasonable adjustments required below. | |   **Please return this form to Work Experience Co-Ordinator**  **Training & Development, South Tyneside NHS Foundation Trust, Harton Lane, South Shields, NE34 0PL**  **or** [**work.experience@stft.nhs.uk**](mailto:work.experience@stft.nhs.uk) | | |