

**Work Experience Expression of Interest Form – St Robert’s of Newminster 2019**

**All sections of the form must be completed.**

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| **Placement Details – Placements will vary depending on the area as no set amount of hours or days** | |
| **Please highlight your availability:**  Placements can be offered both in and outside of academic term times in either Trust but cannot be guaranteed to be the dates you have specifically requested. | Placements usually run June to September   |  |  |  |  | | --- | --- | --- | --- | | **Month** | **Available** | **Month** | **Available** | | June 2019 |  | August 2019 |  | | July 2019 |  | September 2019 |  |   Please state any dates below that you are unavailable as placements will be allocated on the availability you have provided above. |

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| **Induction – All inductions will be held in May 2019 and you must be able to attend one - Please tick all dates that you are available** | | | | | |
| Wednesday 1st May 2019 at CHS | Tuesday 7th May 2019 at STFT | Friday 17th May 2019 at STFT | Monday 20th May 2019 at CHS | Wednesday 29th May 2019 at CHS | Thursday 30th May 2019 at STFT |
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| **Personal Details** | | | |
| **Title:** |  | **Male / Female:** |  |
| **Surname:** |  | **Forename:** |  |
| **Age:** |  | **DOB:** |  |
| **School Year Group or Further Education:** |  | | |
| **Address** |  | | |
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| **Postcode:** |  | **Contact No:** |  |
| **Email:** |  | | |
| **School / College / University currently attending:** |  | | |

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

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| **General & Further Education – Your predicted grades must reflect the grades required for your area of interest** | | | | | |
| **Qualifications**  (or those to be taken) | | | **Grades**  (If predicted grades not included – an offer will not be given) | | **Year Obtained** |
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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.  **Yes – I Agree No – I Do Not Agree** | | | | | |
| 6. We currently hold your data, following your application for work experience at City Hospitals Sunderland NHS Foundation Trust and/or South Tyneside NHS Foundation Trust.  The data will be held securely by each Trust operating within the South Tyneside and Sunderland Healthcare Group. (South Tyneside and Sunderland Healthcare Group is an alliance between City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust.)The data will be used to evaluate the effectiveness of future workforce development programmes. The data may also be shared with the Trusts strategic partners including the Local Authorities, Schools and Colleges within the Borough/ City. The data will not be used for marketing purposes.  We would like to continue to contact you through our alumni network to keep a track of your progress and inform you of any future opportunities. **Yes – I Agree No – Opt out** | | | | | |
| **Signature (Student):** | | | **Date:** | | |
| **Print Name:** | | | | | |
| **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:** |  | | | | |
| **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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| **Area of Interest - Please note we only offer placements for the services we provide** | **Interested in:** |
| Please state the Occupation/Career you are interested in:  e.g. Medicine/Nursing/Maternity/Healthcare Science or Other |  |

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| **Reference – This cannot be yourself or a relative and if references are not returned within the timescale given to your**  **referee then your application will be withdrawn.**  This person will be contacted when you have been conditionally offered a place | |
| Name: |  |
| Organisation and Address: |  |
| Contact Email:  Contact Number: |  |

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| **Work Health Assessment (Please tick where applicable)** | | |
| A | I am not aware that I have a health condition or disability that might impair my ability to effectively undertake a placement |  |
| B | I do have a health condition or disability that might affect my placement and may require special adjustments |  |
| C | Please list any allergies |  |

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| **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  🞎 Non Binary  🞎 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 |  |  | | --- | | \* Please indicate your religion or belief | | 🞎 Your parents/carer haven’t completed a university degree  🞎 Are you a mature student (over the age of 21  🞎 Do you have caring responsibilities for anyone other than a dependent child  🞎 Are either your parents/carer currently serving in the armed forces  🞎 Are you an active member of any of the armed forces cadets programmes |   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. | | |

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| **Supporting Information**  Please use the space below to outline why you are requesting the placement (although we cannot guarantee placements in what you have specifically requested) 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. |
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City Hospitals Sunderland

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