

**Work Experience Expression of Interest Form Summer 2020**

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

**Forms will not be accepted after Friday 29th November 2019**

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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 August   |  |  |  | | --- | --- | --- | | **Month** | **Available Y/N** | **Unavailable dates during the month** | | June 2020 |  |  | | July 2020 |  |  | | August 2020 |  |  |   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 2020 and you must be able to attend one - Please tick all dates that you are available** | | | | |
| 12th May at Sunderland Hospital | 15th May at South Tyneside Hospital | 18th May at Sunderland Hospital | 27th May at South Tyneside Hospital | 28th May at Sunderland Hospital |
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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** – must include GCSE’s & Further Education including those pending. | | | **Grades** (If predicted grades not included – your application will not be processed) | | **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. | | | | | |
| 1. 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. | | | | | |
| 1. 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. | | | | | |
| 1. There will not normally be payment for meals or travelling expenses. | | | | | |
| 1. 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 will hold your data, following your application for work experience at South Tyneside and Sunderland NHS Foundation Trust on a secure database held within the Workforce Development and Apprenticeships Team.  Please click [**here**](https://www.stsft.nhs.uk/patients-and-visitors/caring-our-patients/how-we-use-your-information) to see the Trust’s Information Privacy Notice which describes how the Trust uses and processes  the information it holds including how the confidentiality of information is maintained. (entitled ‘Staff Privacy Notice’ under ‘Privacy Notices’) | | | | | |
| **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 South Tyneside and Sunderland 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 South Tyneside and Sunderland NHS Foundation Trust. | | | | | |
| **Signature (parent/guardian):** |  | | | | |
| **Print name:** |  | | | | |
| **Date:** |  | | | | |

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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 indicate below if you have any allergies that may affect your placement |  |

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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 which of the following apply | | 🞎 Your parents/carer have 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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| **What Career are you interested in?** |
| (Maximum 500 words) |
| **Why are you interested in your chosen career?** |
| (Maximum 500 words) |
| **What other activities have you completed to demonstrate your interest in working within the NHS?** |
| (Maximum 500 words) |

Please return completed forms to [work.experience@stft.nhs.uk](mailto:work.experience@stft.nhs.uk)