#### Work Shadowing/Work Experience Application Form

**Confidential**

## **Name:**

**Position reference:**

**Please note that the** **placements on offer are limited.** The application process is open for the period of time specified on the position advertised; applications after this date are not processed. Applications that meet the required criteria will be forwarded to the correct department for consideration. It can take up to six weeks for departments to process an application.

**Please note that due the very high volume of applications for work experience:**

* Applicants must be attending a local school or college of further education to be eligible
* Placements will not be permitted in the emergency department, maternity, paediatrics or the mortuary
* We do not offer placement to under 16 year olds

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| --- | --- |
| *1* ***Personal details*** | ***Further Information*** |
| Surname: | Do you have a disability you would like to make us aware of?  Yes  No |
| Forenames: | If yes, please give details and let us know if you would require any special aids? |
| Address for correspondence: | Where did you hear about work experience?  Please Specify: |
| Postcode: |  |
| Telephone:  Day: Evening:  Mobile:  Email Address:  Date of Birth: | Next of kin name:  Relationship:  Daytime Telephone:  Evening Telephone:  Mobile Telephone: |
| 2 **School/College Details** | |
| Name of School: | Name of School/college tutor: |
| Address:  Postcode: | Does your school provide you with a workbook to be completed whilst in placement? |
| Telephone: |

Please provide a letter of support from your school or college tutor

***3 Further Information***

To support your application for work experience please provide us with further information, this may have included achievements or special ability, paid/unpaid work, voluntary work, committee and club experience/activities and relevant hobbies etc.

If you wish to say more, please continue on an additional sheet(s). If completeing by hand, please attach firmly, with your name at the top, to the application form.

Number of sheets attached :

4 Declaration

I understand that the placement, if offered, will be subject to the information given on this form being correct.

Full Name

Signature

Date