

Work Experience Application Form

Student Full Name:	
Course:	
College/Sixth Form:	

To be considered for the work experience, applicants are required to meet the criteria below:

1. The student must be on the right pathway (course/education)
2. The student should have the right attitude towards work experience
3. The student aspires to work for ELHT/NHS.

Applicant must submit the following paperwork:

1. The completed application form with all the appropriate signatures
2. A recommendation from personal tutor or teacher
3. Completed Health Assessment Questionnaire (including evidence of vaccinations)

All forms must be completed in full and deemed satisfactory for an application to be considered.

Return completed forms to your college/sixth form.



Work Experience Application Form

Please indicate your preferred date of placement.

Date of Placement	
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Please indicate what your choice of placement area is

Clinical		Non—Clinical	
Nursing, e.g. wards, outpatient clinics		Administration e.g. Health Records, Reception, Secretary, Switchboard, Office Administrator	
Healthcare Science e.g. Pharmacy, Pathology, Radiology, Ortoptics		Estates & Facilities e.g. Catering, Post room, PSA, Laundry, Logistics	
Allied Health Professionals e.g. Physiotherapy, Occupational Therapist		Maintenance e.g. Plumber, Electrician, Plasterer, Security Staff	
Electro Bio-Medical Engineering		Business Studies, e.g. Finance, Management, library, Clinical Informatics	
Other:		Other:	

Section 1: Your Personal Details

Surname/family name		
First name		
Date of birth		
Gender (please circle)	Male	Female
Address—including postcode		
Home Telephone		
Mobile Telephone		
Email Address		
Next of Kin—Name, phone number and relationship to, in case of emergency contact		
Do you consider yourself to have a disability ? (please circle)	Yes	No

Is there anything that we need to be aware of? (e.g. disability, support)

Supporting Statement:

Please explain why you have chosen this placement and what you hope to gain from it, include your hobbies and interests and your future plans.

Statement of recommendation from tutor.

Tutor Contact Details

Teacher or Adviser name	
Signature	
Telephone Number	
Email Address	

For data purposes, please describe your ethnic origin:

White

British	
Irish	
Any other white background	

Black or Black British

Caribbean	
African	
Any other black background	

Mixed

White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background	

Asian

Indian	
Pakistani	
Bangladeshi	
Any other Asian background	

Other:

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Previous work experience, volunteering or paid work (if any)

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I can confirm that the information given on this application form is correct. I understand that any false information may result in my application being refused or my placement being cancelled.

Print Name	
Signature	

Parental consent —parents/guardian to complete box below

Parent/Guardian	
Parent Print Name	
Date	