**Dates of Programme:**

Dear Applicant,

Thank you for expressing an interest in attending our Work Experience Programme. Please complete and return the application form and health questionnaire, please return to member of staff who is coordinating your programme.

If successful you will be contacted with confirmation approximately one month before the placement is due to commence.

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| **Application form** | | | | |
| Section 1: Personal Information | | | | |
| First Name: | | | Surname: | |
| DOB: | Email Address for correspondence: | | | |
| Home address: | | | | |
| Correspondence address (if different to above): | | | | |
| Section 2: Academic information | | | | |
| Current school/College | |  | Anticipated university/universities |  |
| Please list the courses you are currently studying with your predicted grades | | | | |
| Please list the courses you have previously studied, giving both the year obtained and the actual grade | | | | |
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| Section 3: Supporting information | | | | |
| Please give a personal statement explaining why you are suitable for this programme.  You MUST include why you believe the NHS may be the career for you and how your current studies support this. Please state any other relevant work experience or volunteer work you may have previously undertaken. You may also wish to include any hobbies and interests you have. | | | | |
| Please use this section to tell us what you are expecting to get out of this placement | | | | |
| *Student, parent and teacher agreement to trust requirements*   * The Trust places considerable importance on the need for attention to health & safety at work. You have the responsibility to acquaint yourself with the safety rules of the workplace. It is essential that all accidents, however minor, are reported. * The Trust will also expect you to observe other rules and regulations governing the workplace which are drawn to your attention. * 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.   Signature (Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please obtain both of the following signatures if under 18yrs.*  Parent/Guardian  I have read & understood the above requirements. I will ensure the student carries out these obligations and confirm that s/he 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 their visit to Frimley Health NHS Foundation Trust.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_  Teacher / Careers Adviser  I have read the work experience programme information and give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the placement and observe during his/her visit to Frimley Health NHS Foundation Trust. I also confirm that s/he is studying at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ | | | | |