

APPLICATION FOR WORK EXPERIENCE PLACEMENTS

IMPORTANT

Please read before completing this application form. Your signature at the end of this form will be verification that you have read this information.

- We require at least 6 weeks' notice to enable us to arrange your placement
- Please be clear with the dates you are requesting to attend
- All elements of this form **must** be completed
- You **must** be 16 years of age or older to gain a placement
- You may only be allocated one department for the duration of your placement depending on availability
- **To be considered for one of our placement we accept applications in January, February, May and September. All applications received out of these months will be disregarded**

Your application is important to us and we will do our best to accommodate your request, however we do receive large volumes of applications and can't accommodate everybody. We will only contact you if you are successful in securing work experience with us. We will do this 1 month prior to the start date of your placement. If you require confirmation before this for your school or college then please state this on the application form. It is not necessary to contact us unless you have any queries regarding the **confirmed** work experience placement.

Kind regards,

Careers & Engagement Team

Return to this form via email to: work.experience@mbht.nhs.uk or by post to:
Careers & Engagement Team, Moor Lane Mills, Moor Lane, Lancaster LA1 1QD



Personal Details- WORK EXPERIENCE APPLICANT TO COMPLETE

Forename _____ Surname _____

Address: _____

Post Code: _____ Telephone Number: _____

Email Address: _____

All applicants must be a minimum of 16 years of age

Age: _____ Date of Birth: ____/____/____

Gender: _____

Education

Current School / College / University _____

Current Year _____

Course of Study (e.g. GCSEs, A Levels, BSc etc.) _____

Do you regard yourself as disabled?

If 'Yes', please provide details:

Yes

No

Do you consider yourself to have a learning difficulty?

If 'Yes', please provide details:

Yes

No

Do you have any current medical problems or health issues?

If 'Yes', please provide details:

Yes

No

I would describe my ethnic origin as: (please tick one)

Bangladeshi

Black

Chinese

Indian

Mixed

Pakistani

White

Other; please specify:



Placement Details

Requested dates that you are available to attend a placement:

Placement areas: PICK A MAXIMUM OF 3 AREAS

- Medical Wards Surgical Wards Theatres (18+) IT
 Nutrition & Dietetics Catering Radiography Physiotherapy
 Ophthalmology Dialysis Maxillofacial & Dentistry
 Cardiology Speech & Language Therapy Medical Illustration
 Estates (Plumbing, Joinery & Engineering) Facilities (Portering & Cleaning)
 Medical Engineering Admin Offices Pharmacy Mortuary
 Human Resources Dermatology ENT & Audiology
 Clinical Investigations Biomedical Sciences (Pathology) Oncology
 Occupational Therapy Chaplaincy Finance

If you know the area of speciality you aspire to study please state:

Preferred Hospital for Placement:

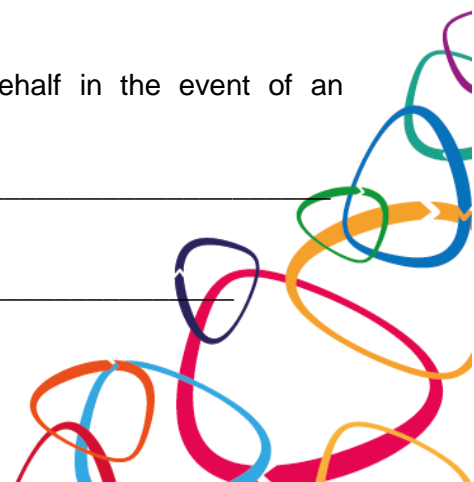
- Royal Lancaster Infirmary (Lancaster)
 Furness General Hospital (Barrow in Furness)
 Westmorland General Hospital (Kendal)

Emergency Contact Details

Please provide details of someone that we could contact on your behalf in the event of an emergency:

Name: _____

Relationship: _____ Telephone: _____



Please outline why you are interested in undertaking a Work Experience Placement within University Hospitals of Morecambe Bay NHS Foundation Trust:

The main aim of the placement is to help you with your future NHS career. Your placement is purely observational with you shadowing members of the healthcare team.

Agreement – WORK EXPERIENCE APPLICANT TO COMPLETE

Please sign below to show agreement to the following statements:

- All the information given on this form is correct;
- I give consent for the Careers & Engagement Team to store and file this information electronically and on paper;
- I understand that I have the right to request erasure of this information;
- I will hold in confidence any information about the employer, staff, patients and patient's families which I may obtain during the placement;
- I am aware of the acute nature of the placement environment and that I may be exposed to unexpected situations.

Print Name: _____

Signature: _____

Date: _____

PARENT / GUARDIAN TO COMPLETE IF APPLICANT IS AGED UNDER 18

As parent/guardian of the student named above, I have read and understood this form and I agree to this student participating in a work experience placement. I am aware that whilst minimising risk of exposure to unexpected situations, the Trust cannot guarantee this.

Name: _____

Signature: _____

Date: _____

