
Application for Work Experience Placement

To be considered for a placement, please complete this application form in black ink and return with a covering letter to:

Talent Academy - NHS Lincolnshire
Training Department - Work Experience Admin Lead

All information will be treated
in the strictest confidence.

c/o United Lincolnshire Hospitals NHS Trust
Lincoln County Hospital
Greetwell Road
Lincoln
LN2 5QY

For further information, please contact: WorkExperience@ulh.nhs.uk

Student Details

Title: _____ Surname: _____ Forenames: _____

Address for Correspondence: _____

Postcode: _____ Email: _____

Telephone no: _____ Date of Birth: _____

Next of Kin: _____ Daytime Tel no: _____

Future Correspondence

Where possible, all correspondence will be provided by email, unless not provided.

Would you be interested in being placed on our mailing list in respect of details of upcoming careers courses and employment opportunities within the Trust?
YES / NO

Data Protection:

Please be advised that your contact details will not be shared outside of the Trust, and shall only be used for the purpose of your placement.

School / College / University Details

Please be advised that the United Lincolnshire Hospitals Trust only supports work experience activities linked to official educational programmes. Unfortunately, placements cannot be provided for the general public. To ensure your application is progressed, please provide the following details:

School/College: _____

Address: _____

Name of Careers / Work Experience Advisor: _____

Email Address: _____

Academic Qualifications

Please provide your details of your GCSE, AS or A Level, and degree results if known.

Subject	Grade
I have not yet taken my GCSE Exams (Please tick if applicable)	

Placement Preference

Every effort will be made to accommodate your requirements, however placements cannot be guaranteed. Please provide details of your preferred placement **(Please note the application will not be processed without the following section fully completed)**

Name of Placement Opportunity _____

NHS Trust / Site _____

Please refer to the Placement Framework on the Trust website www.ulh.nhs.uk/getting_involved/work_experience/

Preferred Placement Dates (please note students will only be granted 1 placement for a maximum of 5 days. Due to the high volume of requests, if you can be flexible and give several alternative dates, this will increase the chances of us being able to allocate a placement).

From		To	
From		To	
From		To	

Reasons for Placement Request

Please use this space to state why you are applying for this placement. If you are looking to study medicine and become a Doctor, please provide an indication of what you hope to achieve from the placement and whether there are any areas of medicine that specifically interest you. Please continue on a separate sheet if necessary.

Aspiring Doctors - Medical Shadowing Placements School / College Declaration

Due to the high level of applicants and the requirement for high grades for entry into medical school, medical shadowing placements will only be granted to students who can demonstrate the ability to achieve the required A Level grades. This information should be verified below by your School / College Careers Advisor.

Careers Advisor Declaration

I have read the work experience/observation programme information and give permission for the student named on this application form to attend and observe during his/her visit to the assigned NHS Trust. I also confirm that he/she is currently studying at the school or college named below and has been predicted the following A Level Grades:

Subject	Grade

Agreement to NHS Trust Requirements

Student Declaration

1. Each NHS 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 work place, 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.
2. Each NHS Trust will 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.
3. Each NHS 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.
4. There will normally be no payment for meals or travelling expenses.

I have read and understood the above requirements.

Signed (student): _____ Date: _____

Parent / Guardian Declaration

For students under the age of 18 years.

I have read the work experience programme information and understood the 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 programme and observe during his/her visit to United Lincolnshire Hospitals NHS Trust.

Signature: _____ Date: _____

Print Name: _____

School / College / University Information

School/College/University Careers Advisor:

All paperwork shall be issued by the Talent Academy on behalf of the relevant NHS Trust. This shall include a full risk assessment and placement description issued to the individual requesting the placement, along with a Student/Parent/Guardian Agreement. Copies can be made available to schools/colleges/universities on request.

Under the Childrens Act (2004), individuals are classed as "children" up to the age of **18**.

It is therefore understood that where placements are undertaken during term time by students under the age of 18 years attending an educational institution, that the educational institution continues to retain duty of care (in loco parentis).

Placements undertaken outside of the school/college term time will be under a private arrangement between the student, parent/guardian and relevant NHS Trust. For these placements, the parent/guardian shall resume full duty of care.

Confidential Equality & Diversity Questionnaire

Gender	Male	Female	Transgender	Not Disclosed
Tick Box				

Sexual Orientation	Heterosexual	Gay	Lesbian
Tick Box			

Age Bands	14 – 18	19 – 25	26 – 50	51 – 55	56 - 65	Over 65
Tick Box						

Disability	Yes	No	Not Disclosed
Tick Box			

Ethnicity	Tick Box
White British	
White Irish	
Any Other White	
White and Black Caribbean	
White and Black African	
White and Asian	
Any Other Mixed Background	
Indian	
Pakistani	
Bangladeshi	
Any Other Asian Background	
Caribbean	
African	
Any Other Black Background	
Chinese	
Any Other Ethnic Group	
Not Known	

Confidential Pre-placement Health Questionnaire

Title:..... Surname:..... Forenames:.....

Date of Birth: Age at Time of Placement:

Home Address:.....

Post Code: Telephone Number:

Do you have any illness or disability at the present time?

If Yes, please give details below:

Yes

☐

No

☐

Have you had any other serious illnesses or operations in the past?

If Yes, please give details:

Yes

☐

No

☐

Are you taking or being prescribed any medicines, inhalers, injections or eye/ear drops at the present time?

If Yes, please give details:

Yes

☐

No

☐

Is your ability to perform physical work limited in any way?

Yes

☐

No

☐

Have you had or been in contact with any infectious disease in the past four weeks?

Yes

☐

No

☐

Which of the following infectious diseases have you been immunised against?

☐ BCG (Tuberculosis)

☐ Diphtheria

☐ Measles

☐ Meningitis C

☐ Mumps

☐ Pertussis (Whooping Cough)

☐ Polio

☐ Rubella

☐ Tetanus

Signature:.....

Date:.....

Parent/Guardian's signature if under 18:Print Name:.....

If any of the above circumstances change from the time of completing the form to the time of placement you must inform the Work Experience Lead immediately.

Work Experience & Confidentiality Agreement

Student Name: _____

Ward/Dept: _____ Placement Dates: _____

TERMS

There is no Contract of Employment or Employer/Employee relationship between the organisation and yourself.

You will not receive any payment whilst undertaking the work experience placement.

Transport to and from the placement is your responsibility.

You are required to respect the guidance and directions given by your supervisor.

Duties/Work: You will be told the area you will be placed in and the duties you will be expected to undertake on arrival at the Trust. You will be responsible to a supervisor or line manager and if you have any difficulties you must speak to him/her.

Hours: To be agreed with your line manager, you are entitled to a half an hour break during your working day.

Sickness/Time off: If you are unable to attend your placement because of sickness or for any other reason you should inform the line manager as soon as possible. You should keep the line manager informed as to the likely date of return. You must inform the line manager of any planned holidays during the work placement period.

Security Badges: It is a requirement that every person displays an identification badge when working on any site associated with the Trust. The manager/supervisor will contact facilities and arrange for one to be issued. You must display this at all times whilst on Trust premises.

Dress/Appearance Code: If you are not provided with a uniform you need to remember that what you wear reflects your School/College and the Trust. Clothing should be of a smart, professional appearance; **denim, leather and suede are not suitable and are not permitted**. Minimal jewellery should be worn. Shoes should be comfortable, with a low heel and the toe covered, no sling backs. Trainers may be permitted in some areas but please check with your line manager prior to commencing your work placement. Hair should be tidy. Long hair should be securely tied back. Protective clothing such as aprons and gloves must be worn in accordance with Trust policies in relation to infection control and food handling.

Confidentiality: All information you obtain during your work placement is confidential. In particular information relating to the diagnosis and treatment of patients, individual staff and/or patients records, and details of contract prices and terms must under no circumstances be divulged or passed on to any other unauthorised person. Patients must be treated with dignity and respect at all times.

You must not discuss the names of patients with anyone outside the department in which you are placed. If you are given any documents that contain patient information, you should ensure this patient information is handed back to an appropriate person or put into Confidential Waste before you leave the department. You must not photocopy or keep copies of any such document.

The Health and Safety at Work Act: Under the Health and Safety at Work Act 1974, you have a duty to take reasonable care to avoid injury to yourself and to others. To this end, you must comply with the Trust's Health & Safety policy in meeting the statutory requirements. Please ensure you are familiar with the Department's Fire Procedure, which will be communicated to you by the line manager.

Ensure you are aware of where the fire exits are; be aware of any potential hazards such as an obstruction in the corridor. If you see spilt liquids on the floor, inform a member of staff who can arrange for this to be cleaned up.

Loss/Damage of Personal Effects: No liability will be accepted for loss or damage to your personal property whilst on Trust premises whether as a result of burglary, fire, theft or otherwise. You are advised not to bring personal property with you other than that necessary to carry out any duties assigned to you. You may wish to provide your own insurance cover for any property you do bring with you to the Trust. Under no circumstances must Trust property be removed from the premises unless it is with the prior approval of the line manager.

It is strongly suggested that you do not bring anything of value with you to the Trust, as there may not be a secure place for you to lock any items away.

Equal Opportunities: The Trust believes in, and actively seeks to promote, equal opportunities. You are required to behave in a professional manner and to treat colleagues, patients, members of the public or other staff with dignity and respect. Any discrimination on the grounds of race, sex, religion or belief, sexual orientation, disability or age will not be tolerated. You should refrain from inappropriate language, jokes and be aware of inappropriate non-verbal behaviour. If you think another member of staff or patient is behaving in a discriminatory manner you should raise this with your line manager.

For the Attention of the Line Manager

If a student states that they have an infectious disease which may affect others during their placement the line manager and student must contact the Occupational Health Department for advice prior to being accepted on any placement

Breach of any of the above conditions will be regarded as grounds for instant termination of the placement and the matter will be reported to your school/college if applicable.

The contract can be terminated on either side with no notice.

Form of acceptance

I accept this Work Experience placement on the terms outlined. I have read and signed the Confidential Pre-placement Health Questionnaire Document, and terms issued and agree to abide by them.

I have signed and retained a copy of this agreement

Signed by Work Experience Individual: _____

Please Print your Name: _____

Dated: _____

PLEASE RETURN A COPY OF ALL COMPLETED FORMS TO THE TALENT ACADEMY – WORK EXPERIENCE LEAD.