

*Application for Work Experience or Observation Placement*

**Please complete this application form in black ink and return the completed and signed form to: Learning and Development Dept., Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex BN21 2UD. Information will be treated in the strictest confidence.**

*Personal Details*

|   |                                     |
|---|-------------------------------------|
| Title: _____ Surname: _____ Forenames: _____  |                                     |
| Address for Correspondence:<br>_____<br>_____   |                                     |
| _____   | Postcode: _____                     |
| Telephone no: _____   | Email Address: _____                |
| _____   | Date of Birth: _____ Gender: M / F  |
| <i>NB The minimum age for clinical placements in the Trust is 16. The Minimum age for theatres is 17. Please be aware that we only take 15-18 years olds for Work Experience.</i>   |                                     |
| <b>Additional Details:</b>  |                                     |
| Ethnicity: _____ Disability: Yes / No / I do not wish to declare this   |                                     |
| Please provide any additional information that we may need to consider / support that needs to be put in place in order for you to take up your placement (eg. induction loop required, I use a wheelchair or other aid etc).<br>_____<br>_____ |                                     |
| Next of Kin: _____  | Daytime Tel no: _____               |
| School/College: _____   | School/College Address: _____       |
| School coordinator _____  | Coordinator Tel no or email : _____ |

Placement Request

|  |   |
|--|---|
| <b>Preferred Hospital Site:</b><br>Eastbourne DGH / Hastings Conquest: _____   |   |
| <b>Preferred Dept:</b> _____   |   |
| <b>Preferred Date of Work Experience</b><br>week commencing (1-5 days)<br>:<br>_____   | <b>Alternative date(s)</b><br>week commencing:<br>_____ |
| <b>Uckfield Community Hospital</b> (limited availability) priority is given to students in local schools<br><br>Please contact Louise Bage at UCH: <b>01825 769999</b> ext <b>5051</b> before submitting an application form.<br><br>Community Hospitals Lewes Victoria Hospital & Crowborough WMMH are now managed by Sussex Community NHS Trust. Please see their website <a href="http://www.sussexcommunity.nhs.uk">www.sussexcommunity.nhs.uk</a> for information and contact details |   |
| <b>If you already have initial agreement from a Consultant or Manager please state:</b><br><br>Contact name: _____ Department and Site _____<br><br>Contact phone/email _____ Date provisionally agreed _____  |   |

**Submission of an application does not guarantee a placement. You will be notified if you are successful.**

Previous Work Experience or Employment

**Please give details of any previous paid, voluntary work or work experience you have had.**

| Employers details | Dates from/to | Job description |
|-------------------|---------------|-----------------|
|                   |               |                 |

*Educational Qualifications:*

**Please give details of all qualifications gained and those you are currently studying, with actual or expected grades (add an additional sheet if required):**

| <b>Qualification</b> | <b>Grade</b> | <b>Date</b> |
|----------------------|--------------|-------------|
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*Other Relevant Information*

**Please use this space to explain why you want work experience with the Trust and what you hope to gain from the placement**

*Student, Parent/Guardian and Teacher agreement to Trust requirements*

1. The 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. The Trust will also 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. The Trust fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of ethnic origin, gender, disability, age, religion or sexuality.
4. NHS Indemnity applies where students are working under the supervision of NHS employees. In the unlikely event of a school making a negligent choice of work placement for a pupil to work in the NHS, then the school, and not NHS indemnity, should pick up the legal responsibility for the actions of that pupil.
5. There will be no payment for meals or travelling expenses by the NHS.

**I have read and understood the above requirements.**

**Student signature :** \_\_\_\_\_ Date: \_\_\_\_\_

**Please obtain the following signatures:**

**Tutor / Careers Advisor (all students):**

I support this application for work experience by (student) \_\_\_\_\_ and I confirm that he/she is currently studying at \_\_\_\_\_  
\_\_\_\_\_

**Tutor signature** \_\_\_\_\_

Tutor name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian (student under 18yrs)**

I support this application for work experience/observation by my son/daughter \_\_\_\_\_ and confirm that he/she is not suffering from any complaint, which might create a hazard to him/ herself or to those working with him/her. I give permission for him/her to attend and observe during his/her visit to East Sussex Healthcare NHS Trust

**Parent / Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_