



Birmingham Women's **NHS**
NHS Foundation Trust

Work Experience 2010/2011

Application Pack

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Guide to Completing the Application Form

Work Experience is about preparing you for the real world of work.

The majority of people applying for a job will either do so through completing an application form or curriculum vitae (CV). This means that the application form or CV is very important because the employer will make a decision whether to offer an interview on the strength of the completed form. A judgement will be made on the presentation and the contents of the form.

The same applies to your application for work experience placement. So take some time to think about how you will “sell yourself” to the employer. Below are some helpful points to assist you in the successful completion of your application form.

- Before you start, READ through the application. Make sure you understand the instructions- then follow them carefully.
- If you can, photocopy the form and practice filling it in.
- Unless otherwise instructed use a black pen to complete the form.
- If you need more space use a separate piece of paper- don't try and squeeze it all onto the form. Make sure you put your name on the paper.
- Always give examples of your skills and experience as they demonstrate your ability and interest in the placement.
- Answer all the questions that apply to you. Do not leave anything blank. If a section does not apply, put in 'Not Applicable' or N/A.
- When you have finished check your answers carefully.
- Check for spellings too!
- Keep your form clean.
- Remember to sign and date your form.
- Remember too, that your parent/teacher needs to complete certain sections of the form before it can be returned to the Trust.
- Make sure the information you provide is correct.



Work Experience Overview

All students wishing to participate in work experience placements at the Women's NHS Foundation Trust, please contact the Work Experience Co-ordinator.

The following is a list of schools that the Trust works closely with:

1. Harborne Hill.
2. Hillcrest School, A specialist Maths and Computing College.
3. Lordwood Girls' School and Sixth Form Centre.
4. St Paul's School for Girls.
5. Edgbaston High School for Girls.
6. George Dixon International School.
7. Bournville School & Sixth Form Centre.
8. Dame Elizabeth Cadbury Technology College.
9. King Edward VI High School for Girls, Edgbaston.

Age 14 – 16 (School)

For All Key stage 4 pupils aged 14 - 16 we are only able to offer a work experience placement for **5 days, (Monday – Friday)**

This will be structured placement where you will be exposed to the different areas within the hospital. This is to give you an overview of some of the different careers the NHS can offer you

Aged 16 + (College and Upwards)

Students aged 16 years of age and upwards, are required to send in an application with the desired dates of placements. The Trust will try to accommodate the dates requested.

FOR OFFICE USE ONLY**Name :****Age :****Dates in Trust :****Area :****Tel No :**

	Sent	Received
Reference 1		
Reference 2		
Confidentiality Statement		
Health Declaration		
CRB (If necessary)		
ISA (If necessary)		
ACCEPTED		
Emergency Contact		
School Contact		



Work Experience Application Form

Personal Details (BLOCK CAPITALS)

Name in Full
(Mr/Mrs/Miss/Ms/Other)

Address:

Post Code :

Telephone Number :

Mobile Number :

Email Address :

Date of Birth :

Age :

Next of Kin

Relationship

Emergency Telephone Number :

FOR OFFICE USE ONLY

Application Sent	Application Received	Req : Ref Received	Pre – place interview	Age	Dates in Trust	Placements

Employment Record	
Present or most recent employment	
Position Held	
Employers Name Address	
Postcode :	
Date Started;	Date Left :
Description of duties of present or most recent post	

School / College/ University	
School/College/University	Tutor in charge of placement :
Address	
Postcode :	
Placement Dates : From	to
<p>What department or speciality would you like to work in? – Please give reason for choosing it ?</p> <p>Departments / Speciality:</p> <p>Reason:</p>	

Education

Please list all subjects/courses taken or being taken and grades. Most recent first

Subject	Level (GCSE, AS/A Levels, B.A etc)	Date	Grade/Expected Grade

Supporting Information

This is your opportunity to promote yourself, to identify why you would like to gain some work experience in the NHS. Please use this space to provide any supporting information to go with your application. Supporting information can be anything not already covered by the questions on the form and may include any hobbies, interests or any other activity either within or outside of school which you enjoy (continue on a separate sheet if necessary)

School/College/Course/University Tutor Reference

Tutors Name:

Address:

Telephone No :

Reference (Applicants 18 years and up)

Name and Address of reference including telephone numbers, who can be contacted to provide a character reference for your application

Current/ most recent employer

Name

Address

Postcode

Telephone Number :

The capacity in which the referee knows you :

Health

Whether you have been in employment, or not, on how many days over the past 2 years have you been unfit to attend school/college/university/work, and on how many occasions?

Number of days :

Number of occasions :

The Trust reserves the right to verify the above information

**Rehabilitation of offenders act 1974 (exemptions order 1975)
To be completed by all applicants**

Rehabilitation of Offenders Act 1974/ Disclosure of Criminal background for those with access to babies and vulnerable adults.

Because the nature of work experience may involve contact with people who are receiving a health service we are obliged to ask you, in connection to the application to disclose:

Any custodial or non custodial convictions
Any criminal record held against you, including cautions.
Any investigation or charges made against you, whether as an adult or juvenile.

Under the conditions of the above Order, you are not entitled to withhold any information about convictions, which otherwise might be considered “spent”. In the event of work experience, failure to disclose such convictions could result in work experience being refused. Any information given will be treated as strictly confidential and will only be used in relation to an application for positions to which the Exemptions Order applies

Have you ever been convicted of a criminal offence? YES NO

If YES, please list details (e.g. date, type of offence/ sentence/ fine imposed etc.)

N.B. THIS INFORMATION WILL NOT NECESSARILY PREDJUDICE YOU AGAINST BEING ACCEPTED FOR WORK EXPERIENCE AT BWNFT.

If before taking up work experience at BWNFT you are charged with criminal offence in the UK or any other country, you must notify the trust immediately

Declarations

I declare that the above information is true and correct and understand that any wilful misrepresentation or omission may result in my application for work experience being terminated.

Signature :

Date :

Student, parent and Teacher Agreement to Trust Requirements

The Trust places considerable importance on the need for attention to Health and Safety at Work. Students have the responsibility to acquaint themselves 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.

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

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.

The Trust will not pay for meals or travel expenses.

I have read and understood the above requirements.

Signature (placement student)

Date:

Print Name :

For placement students under 18 yrs

Parent/Guardian

I have read and understood the above 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 take part in work experience at The Birmingham Womens NHS Foundation Trust.

Signature :

Date;

Print Name :

Teacher/Careers adviser for placement students under 18 yrs

I have read the work experience programme information and give permission for [] to attend the placement and observe during his/her visit to the BWNFT. I also confirm that he/she is currently studying at

Signature :

Date:

Print Name :

Please return to :

**Vanessa Donovan
Work Experience Co-ordinator
Human Resources
Birmingham Womens NHS Foundation Trust
Metchley Park Road
Edgbaston
Birmingham
B15 2TG**





WORK EXPERIENCE

EQUAL OPPORTUNITIES MONITORING FORM

CONFIDENTIAL

Birmingham Women's NHS Foundation Trust is committed to promoting equality of opportunities. It is the wish of the Trust that no person as an employee, applicant or volunteer is discriminated against on the grounds of race, colour, nationality, ethnic origin, gender, religion, marital status, sexual orientation, responsibility for dependants, age, part-time employment, political beliefs or disability.

In order to make sure that the Trust's Equal Opportunities Policy is as effective as possible we need to gather information about people who volunteer for us. This information will not be used for any other purpose than the monitoring of Equal Opportunities.

(CIRCLE WHERE APPROPRIATE)

POST APPLIED FOR	WORK EXPERIENCE PLACEMENT	
Are you a student in Secondary Education?	YES	NO
Are you a student in Further Education (FE) College	YES	NO
Are you a student in Higher Education (HE) University	YES	NO
Are you currently employed?	YES	NO
Are you currently unemployed?	YES	NO

:

Please complete the appropriate boxes below:-		
Are you :	MALE	FEMALE

What is your age?	14 -17	18 - 24	25 - 34	35-44	45-49	50 +
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What is your ethnic origin?		Please tick the appropriate box	
a) WHITE		d) BLACK OR BLACK BRITISH	
White British		Caribbean	
White Irish		African	
Any other White Background Please write in		Any other Black background Please write in	
b) MIXED		e) CHINESE OR OTHER ETHNIC GROUP	
White/Black Caribbean		Chinese	
White/Black African		Any other ethnic group not stated Please write in	
White/Asian			
Any other Mixed background Please write in			
c) ASIAN OR ASIAN BRITISH		F) LANGUAGE	
Indian		First Language English	
Pakistani		First Language (other) Please write in	
Bangladeshi		Second Language	
Any other Asian background Please write in			

3. Are you related to any member or employee of The Trust? YES NO
If yes, please state Name and Department and Relationship.

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4. Do you consider yourself to have a disability (as defined in the Disability Discrimination Act 1995) of which you would like us to be aware? YES NO
If yes, please give details

.....

.....

Are there any arrangements which we can make for you to help you undertake your Work Experience Placement? If yes, please specify

(e.g. ground floor placement, sign interpreter, volunteering buddy etc)

.....

.....

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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CONFIDENTIALITY DECLARATION

Work Experience Declaration

During the course of your work placement, you may have access to or hear information concerning the medical or personal affairs of patients / and or staff or other Health Service Business. Such records and information are strictly confidential and unless acting on the instruction of an authorised officer, on no account must be divulged or discussed, except in the performance of normal duty.

In addition, records must never be left in such a manner that unauthorised persons can obtain access to them and must be kept in safe custody when no longer required.

When using computer based information, the Data Protection Act 1998, must be observed.

I fully understand that should I breach confidentiality, my work experience placement will be terminated and disciplinary action taken.

Placement Student	
Name:	
Signature	Date:
For placement students under 18 yrs Parent/Guardian	
Name:	
Signature:	Date

Confidentiality Declaration





Declaration of Health

This form is to be completed by anyone attending hospital departments and/or clinical areas to observe work activity only, who will be doing so for no more than four weeks and who will not engage in medical or nursing practice.

Name	Date of Birth
Area of Work	Job – Work Experience
Placement Co-ordinator	Duration of placement: from / to

I agree that while on placement in clinical areas I will not attempt to undertake any task involving direct contact with patients, I will follow the instructions of my Placement Co-ordinator/ Supervisor and remain in the area to which I have been allocated.

To the best of my knowledge I am not presently suffering from any illness or condition which could be transmitted to patients or others. I agree to report to my Placement Co-ordinator/Supervisor if at any time during my placement I feel unwell or develop any symptoms, for example, skin rashes, diarrhoea or sickness, which may adversely affect anyone with whom I am in contact.

I have, to the best of my knowledge, been immunised against the following infectious diseases:

Please circle whichever response is applicable

MMR (Measles, Mumps and Rubella)	yes	no	don't know
Rubella (German Measles)	yes	no	don't know
Tuberculosis	yes	no	don't know
Hepatitis B (18 yrs + clinical placements only)	yes	no	don't know

Placement Student

Name:

Signature

Date:

Declaration of Health



Please Return the content of this pack to :

Work Experience Co-ordinator
Human Resources
Birmingham Womens NHS Foundation Trust
Metchley Park Road
Edgbaston
Birmingham
B15 2TG

Tel: 0121 623 6954

