

Work Experience Application Form

Personal Details

Name:		Date of Birth:	
Contact Number:		School Year:	
Email address:			
Address:			

School [] College [] University []	Name:	Course you are undertaking:
Dates requested for placement:	From: From: From:	To: To: To:
Which area of the Trust are you interested in:		

How did you hear about work experience opportunities? Please tick

<u>Schools Career Event</u>	<u>Social Media/ Website</u>	<u>Family/Friends at GEH</u>	<u>NHS Health Careers Taster day</u>	<u>Other (please specify)</u>

Emergency contact Details

Name of emergency contact/ Next of Kin		Relationship to you:	
Contact number			

Please give details of your most recent qualification(s), (GCSE, A Level, College courses, diploma, degree or any other courses undertake?)

Subjects:	Qualification Grade/Level (received or predicted)	Year of Qualification

Previous NHS Work Experience (if any)

Employers Details	Dates from/to	Job Description/duties undertaken
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Ethnic Origin (please select a number from the box opposite)		WHITE	1	BLACK/ CARIBBEAN	10
Gender (Male, Female or Do not wish to disclose)		WHITE BRITISH	2	BLACK/ AFRICAN	11
Do you consider yourself to have a disability (Yes, no or Do not wish to disclose)		WHITE IRISH	3	BLACK/ OTHER	12
If you have answered yes to the above, please indicate what disability you have:		OTHER WHITE	4	INDIAN	13
		MIXED WHITE/ BLACK CARIBBEAN	5	PAKISTANI	14
		MIXED WHITE/ ASIAN	6	BANGLADESHI	15
		ASIAN BRITISH	7	CHINESE	16
		ASIAN/ OTHER	8	MIXED	17
		BLACK/ BRITISH	9	OTHER	18

Heterosexual	
Lesbian	
Bisexual	
Gay	
I do not wish to disclose this	

Information Sharing:

If we are able to accommodate your work experience request, then the information that you have provided in this document will be shared with the placement supervisor. It will also form the basis of equality monitoring internally and with Health Education England. Submission of this form demonstrates your consent for the sharing of this information.