

# Workshop/ Taster Day Application Form 2018



Please complete **all** sections of the form –  
Applications will not be considered if any section is left blank.  
Please ensure your available dates are at least 6 weeks in advance from your application date.

## Personal Details

Title:		Forenames:		Surname:	
Address:					
Post Code:		Email:			
Date of Birth:		Age:		School Year:	
Tel number:		Mobile:			
School/College/ University/ applied for:					
Workshop/ Taster day required					
Next of Kin:	Name:		Contact number:		

## How did you hear about the Work Shop/ Taster Day? 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>
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To help us monitor the effectiveness of our Equal Opportunities Policy, and for no other reason, we would be grateful if you could fill in the following details: (this is voluntary)

<b>Ethnic Origin</b> (please select a number from the box opposite)	WHITE	1	BLACK/ CARIBBEAN	10
	WHITE BRITISH	2	BLACK/ AFRICAN	11
<b>Gender</b> (Male, Female or Do not wish to disclose)	WHITE IRISH	3	BLACK/ OTHER	12
	OTHER WHITE	4	INDIAN	13
If you have answered yes to the above, please indicate what disability you have:	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

**CONFIDENTIALITY:** It is a condition of your work experience placement that should you come into possession of information relating to patients or the personal details of an employee, that you should regard this information as confidential and not divulge it to anyone who does not have the right to such information.

Please sign this form indicating that you understand and accept the above conditions.

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parents Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(if applicant is under 18)*

Heterosexual	
Lesbian	
Bisexual	
Gay	
I do not wish to disclose this	