# Work Experience Application Form

Please note – ALL of the sections of this form must be completed by the applicant only, in order to progress the application, if anything is missing the form will be returned which will delay the process.

Work experience placements are provided in clinical and non-clinical work places with the Trust for learners aged from 14, restrictions in certain areas may apply.

* Placements are offered for clinical and non-clinical areas.
* Placements are strictly observational only and learners will be supervised at all times
* Placements available throughout the year, subject to availability. We require 12 weeks’ notice to set up your placement so please ensure that you apply in plenty of time.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | |
| **LAST NAME** | | | |  | | **FIRST NAME** | | | | |  | |
| **DATE OF BIRTH** | | | |  | | **AGE** | | | | |  | |
| **HOME ADDRESS** | | | |  | | | | | | | | |
|  | | | | | | | **POSTAL CODE** | | | | |  |
| **MOBILE** | |  | | | | | **HOME TEL.** | | | | |  |
| **E-MAIL ADDRESS** | |  | | | | | | | | | | |
| EMERGENCY CONTACT DETAILS | | | | | | | | | | | | |
| **1ST CONTACT NAME** | | |  | | | | | | | | | |
| **PHONE** | | |  | | | **RELATIONSHIP** | | | | | |  |
| **2ND CONTACT NAME** | | |  | | | | | | | | | |
| **PHONE** | | |  | | | **RELATIONSHIP** | | | | | |  |
| **Education** | | | | | | | | | | | | |
| **NAME OF SCHOOL ATTENDED** | | | |  | | | | | | | | |
| **SCHOOL ADDRESS** | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| **SCHOOL PHONE** | | | |  | | | | **SCHOOL YEAR** | | | |  |
| **SCHOOL CONTACT** | | | |  | | | | | | | | **GRADES** |
| **QUALIFICATIONS ATTAINED OR EXPECTED** | | | |  | | | | | | | |  |
| **DETAILS OF WORK EXPERIENCE APPLIED FOR** | | | | | | | | | | | | |
| **STATE YOUR PREFERRED WORK DEPARTMENT** | | | | 1st choice: | | | | | | | | |
| 2nd choice: | | | | | | | | |
| 3rd choice: | | | | | | | | |
| **DESIRED DATE OF PLACEMENT** | | | |  | | | | | | | | |
| References | | | | | | | | | | | | |
| **Referee** | | | | | | | | | | | | |
| **Full Name** |  | | | | **Relationship** | | | | |  | | |
| **Company** |  | | | | **Phone** | | | |  | | | |
| **Email address** |  | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | |
| **PERSONAL STATEMENT** | | | | | | | | | | | | |
| *In this statement could you please provide the following information:*  *Your interests, your reasons for wanting work experience at Wirral University Teaching Hospital, and what your career aspirations are for the future (max. 100 words)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **ADDITONAL LEARNER NEEDS** | | | | | | | | | | | | |
| *Please let us know if there any additional learner needs we need to be aware of, including any reasonable adjustments that may need to be made to accommodate you in your placement.* | | | | | | | | | | | | |
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| --- | --- | --- | --- |
| Disclaimer and PARENTAL CONSENT (if under 18) | | | |
| I certify that the information provided is true and complete to the best of my knowledge. | | | |
| Signature |  | Date |  |
| Parent Signature |  | Date |  |

## **Additional Information**

We would appreciate you completing the following for statistical monitoring purposes only.

1. **Gender:** Male Female Prefer to self-describe Prefer not to say

**1a. Is this different from birth?** Yes No

1. **Age at time of application­**
2. **What is your ethnic background?**

**White Asian / Asian British Chinese and other ethnic background**

British Indian Chinese

Irish Pakistani Any other ethnic background

(please specify)

Any other white Bangladeshi

Background

Any other Asian background

**Mixed Black / Black British**

White and Black Caribbean Caribbean

White and Black African African

White and Asian Any other black background

Any other mixed background

1. **What is your sexual orientation?**

Heterosexual or straight Gay man Gay woman (lesbian) Unsure

Bisexual Other I would prefer not to say

1. **What is your religion (if any)?**

No religion Hindu Sikh

Christian Jewish Any other religion (please specify)

Buddhist Muslim

I would prefer not to say

1. **Do you have a disability?**  Yes No
2. **Are you a carer?**  Yes No

**(**A person who cares, unpaid, for a friend or family member who, due to illness or disability, cannot cope without their support).