

*Application for Work Experience or  
 Observation Placement*

**Please complete this application form in black ink. Information will be treated in the strictest confidence.**

*Personal Details*

Title:      Surname:		Forenames:
Address for Correspondence:		
Telephone no: Email Address:		Date of Birth:
Next of Kin:		Daytime Tel no:
School/College: Address:		
Careers Advisor:		Tel no:
Dates of Work Experience (max 1 week):		
Area/Dept of interest (please tick all that apply):		
Administration <input type="checkbox"/>	Portering Services <input type="checkbox"/>	
Ward <input type="checkbox"/>	Domestic Services <input type="checkbox"/>	
Radiology <input type="checkbox"/>	Supplies/Procurement <input type="checkbox"/>	
Physiotherapy <input type="checkbox"/>	Switchboard/Reception <input type="checkbox"/>	
ECG <input type="checkbox"/>		
Other <input type="checkbox"/>	.....	

*Previous Work Experience or Employment*

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

Employers details	Dates from/to	Job description

*Other Relevant Information*

Please use this space to provide information in support of your application (continue on a separate sheet if necessary):

*Student, Parent 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.
3. 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.
4. There will normally be no payment for meals or travelling expenses.

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

Signed (student): \_\_\_\_\_ Date: \_\_\_\_\_

**Please obtain the following signatures: (under 18yrs.)**

**Parent/Guardian**

I have read the work experience/observation programme information and understood the 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/herself or to those working with him/her. I give permission for the student \_\_\_\_\_ to attend the course and observe during his/her visit to the Liverpool Heart & Chest NHS Foundation Trust.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Careers Advisor (if under 18 yrs):**

I have read the work experience programme information and give permission for \_\_\_\_\_ to attend the course and observe during his/her visit to the Liverpool Heart & Chest Hospital NHS Foundation Trust. I also confirm that he/she is currently studying at \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Confidential Pre-placement Health Questionnaire*

Surname: .....

Forename(s): .....

Date of Birth: .....

Home Address: .....

.....Post Code: .....

Telephone Number: .....

Job Placement: .....

- |    |  |   |                                |
|----|--|---|--------------------------------|
| 1. | Do you have any illness or disability at the present time?<br>If Yes, please give details:   | Yes<br><input type="checkbox"/>                     | No<br><input type="checkbox"/> |
| 2. | Have you had any other serious illnesses or operations in the past?<br>If Yes, please give details:  | Yes<br><input type="checkbox"/>                     | No<br><input type="checkbox"/> |
| 3. | Are you taking or being prescribed any medicines, inhalers, injections or eye/ear drops at the present time?<br>If Yes, please give details: | Yes<br><input type="checkbox"/>                     | No<br><input type="checkbox"/> |
| 4. | Is your ability to perform physical work limited in any way?   | Yes<br><input type="checkbox"/>                     | No<br><input type="checkbox"/> |
| 5. | Have you had or been in contact with any infectious disease in the past four weeks?  | Yes<br><input type="checkbox"/>                     | No<br><input type="checkbox"/> |
| 6. | Which of the following infectious diseases have you been immunised against?  |   |                                |
|    | <input type="checkbox"/> BCG (Tuberculosis)  | <input type="checkbox"/> Pertussis (Whooping Cough) |                                |
|    | <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Polio                      |                                |
|    | <input type="checkbox"/> Measles   | <input type="checkbox"/> Rubella                    |                                |
|    | <input type="checkbox"/> Meningitis C  | <input type="checkbox"/> Tetanus                    |                                |
|    | <input type="checkbox"/> Mumps   |   |                                |

Signature: .....Date: .....

Parent/Guardian's signature if under 18: ..... Date.....

If any of the above circumstances change from the time of completing the form to the time of placement you must inform the Learning and Development Department immediately