



Application for Work Experience/Observation Placement

Thank you for your expression of interest regarding work experience opportunities within Sandwell & West Birmingham Hospitals NHS Trust

- Please complete **ALL** sections of this form to progress your application in black ink
- Completion of this form does not guarantee a placement
- Information will be treated in the strictest confidence.

Did you know there are more than 300 different careers in the **National Health Service**? You could be an **Ambulance driver, speech therapist, Dietitian, cleaner, secretary, engineer, laboratory scientist**, occupational therapist, or maybe a brain surgeon! The NHS is the biggest employer in Britain and all these jobs need to be filled; why not by you?

WHY DO WORK EXPERIENCE?

Work experience will show you how we work - especially useful if you've only seen it on the TV or when you've been ill! It can also help you experience being a part of a team and develop skills that will give you a head start when you apply for an apprenticeship with us or university course or a job.

Some jobs are 'clinical', which means directly related to patients and their treatment - such as **Medicine, Nursing** or **Physiotherapy** - and some are 'non-clinical', such as **Engineering** or **Administration**. Work experience is useful for whichever type of career you are interested in, and it is still valuable to get non-clinical work experience even if you hope to end up in a clinical career.

Work experience is a great way of seeing what it's like working in the health service and showing your commitment to your future NHS career.



**PLEASE RETURN TO: Sandwell & West Birmingham Hospitals NHS Trust c/o The Learning Works,
Unett Street, Smethwick B66 3SY or by email to SWB-TR.SWBH-GM-WorkExperienceEnquiries@nhs.net**

Personal details	
Surname:	Forename(s)
Maiden Name if applicable:	Preferred Name (if applicable):
Title:	Male / female (delete as appropriate):
*Date of birth: *Medicine work experience placements require students to be a minimum of 16 years of age	<u>Next of Kin</u> Name Contact number
Home Address:	
Postcode:	
Home Telephone:	
Mobile:	EMAIL ADDRESS (Use block capitals)
<u>School / college / university</u>	
Address	
Postcode	
Careers Advisor	
Name	
Contact number	
Date of work experience required (Term time only for secondary / further education applicants)	
Please state area / department required	
Have you previously undertaken work experience with Sandwell & West Birmingham Hospitals NHS Trust	

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Supporting information

Use this space to provide information in support of your application

The Trust consider this an important part of your application. Tell us your career aspirations, about your study, your hobbies and why you would like to be considered for a work experience opportunity within our Hospitals.

(continue on a separate sheet if necessary and attach)

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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 and that there are security arrangements applicable to most locations.
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/her or to those working with him/her. I give permission for my son/daughter _____ to attend the course and observe during his/her visit to the Sandwell and West Birmingham Hospitals NHS Trust.

Signature: _____ Date: _____

Name: _____ Relationship to Student: _____

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 Sandwell and West Birmingham NHS Trust. I also confirm that he/she is currently studying at _____

Signature _____ Name: _____

Contact details _____ Phone/email (delete as appropriate)

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Equality and Diversity Monitoring

Sandwell & West Birmingham Hospitals NHS Trust aims to provide equal opportunities and fair treatment for all.

The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998, in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of applicants. If you would like the form in an alternative format or would like help in completing the form, please contact a member of staff.

Ethnicity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2001 Census in alphabetical order.

Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please write in)	Black <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (please write in)	Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group (please write in) <input type="checkbox"/> Rather not say	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background	White <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Any other please write below
Religion / Belief - Please state if applicable :				
Sexual Orientation Please select Heterosexual Bi-Sexual Homosexual <input type="checkbox"/> Rather not say				
Pregnancy and Maternity Please state if applicable <input type="checkbox"/> Rather not say				
Marital status Please state if applicable <input type="checkbox"/> Rather not say				
Gender reassignment. Please select if applicable M-F F-M Transgender <input type="checkbox"/> Rather not say				

DISABILITY

The Equality Act 2010 defines a disability as a ‘physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. In this definition “substantial means more than minor or trivial” and “long-term means that the impairment has lasted or is likely to last for at least 12 months”. This includes conditions such as MS, HIV and cancer from the point of diagnosis.

Do you consider yourself to have a disability according to the above definition?

Yes
 No
 Rather not say

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