

Work Experience Placement Application Form

Employability Team
Assynt House
Inverness
IV2 3UJ
nhsh.workexperience@nhs.scot



(Information will be treated in the strictest confidence)

Thank you for enquiring about a Work Experience Placement at NHS Highland. Please complete the attached application form.

School Pupils

Please complete the entire form (Section 1-7), obtain the appropriate signatures, and return the form to the work experience co-ordinator at nhs.workexperience@nhs.scot.

Please ensure you provide us with a valid email address that you regularly check, as all further communications to arrange your placement will be done with you via email.

Adults and Young people not in education

Please complete the form (Section 1-7 as relevant; additional consent is only required for those applicants under the age of 18). In addition, applicants are required to provide photographic evidence of ID as part of their application. (Section 5b)

If you have any questions regarding the application, then please contact us on the email address noted above.

We offer the following work experience placement opportunities:

- * **Clinical Work Experience** is a short-term unpaid **observation placement only**. Candidates will be able to shadow an employee, ask questions and therefore gain a valuable insight into their career of interest
- * **Non-clinical Work Experience (administration)** is a short-term unpaid placement where candidates will be given the opportunity to observe and take part in various administration-based duties to gain experience in this area of work.

Please ensure to fill out all sections of this form – if sections are left blank, we will be unable to process your application. Please return all forms via email to:

nhsh.workexperience@nhs.scot

Yours sincerely

Donna

Donna Campbell
Work Experience Coordinator
Assynt House

NHS Highland

Section 1 - Personal details

Title:	Surname:	Forename:	
Date of birth:	Age:	Email:	
Telephone:		Mobile:	
Address:			

Section 2 – Please complete the sections relevant to you:

School/University/College:
Address:
Career Adviser:
Email:

Previous Work experience:		
Dates	Employer	Brief outline of role/responsibilities

Section 3 – Qualifications or Subjects undertaken at School or University/College

Grade/Level	Subject	Result/Predicted	Date

Section 4 - Supporting statement.

Areas for WE	Tick relevant area	Links to additional information
Adult Nursing		Adult nurse NHSScotland Careers
Adult Social Care		Adult social care careers NHS Highland
Allied Health Professions		Allied health professions NHSScotland Careers
Business and Administration		Administrative services NHSScotland Careers
Dentistry		Dental NHSScotland Careers
Estates and Facilities		Support services NHSScotland Careers
Health Care Science		Healthcare science NHSScotland Careers
Pharmacy		Pharmacy NHSScotland Careers
Applicants 18+ Only		
Midwifery		
Paediatric nursing		
Mental Health Nursing		

Please explain why you would like to undertake a work placement with NHS Highland and why you have selected the field/discipline above. Please also include supporting information not already covered on this form that you consider relevant to your interest in the health sector.

Are there any issues that we need to be aware of or adjustments that we may need to make to support your placement?

Preferred dates for placement: [please provide the dates you would be available. Please be aware that requests must be made at least 6-8 weeks in advance. Due to workload commitment last minute requests cannot be processed]

Dates available/preferred:

Section 5a: Reference from Lecturer/Careers Advisor/Previous Employer

Please provide a character reference in support of this application

Name:	Email:
Relationship to applicant:	
Statement in support of application:	

Section 5b: Verification of Identity

If you are not currently in education and cannot complete Section 5a, you are required to submit photographic evidence of your ID. This can be a current driving licence, passport or similar. Please attach a copy to this application. You will be required to bring the original of the ID on the first day of your placement for verification by the workplace supervisor prior to starting the placement.

Section 6 - Agreement to comply with organisation requirements:

1. NHS Highland places considerable importance on the requirement to observe Health and Safety rules in the workplace. You will be briefed by your work placements supervisor/mentor about these rules and expected to comply with them. Further, you are under a duty to take reasonable care to observe the health and safety of other in the workplace. You are also required to make use of any facilities and equipment for your safety and to report any accidents, however minor to your programme supervisor / mentor.
2. NHS Highland 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. NHS Highland 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 not be reimbursement for expenses associated with meals or travelling to and from the venue nominated for your work experience.

I have read and understood the above requirements:

To confirm that you have read and understood the above requirements, please enter your name below and tick the box on the right and select today's date.

	Confirm	Date
Applicant's name:	<input type="checkbox"/>	
Signature:		

Additional requirements for those under 18 years of age

Please obtain the following confirmation if under 18 years.

Parent/guardian/care giver

I have read and understood the above 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 placement and observe during his/her visit to NHS Highland.

	Confirm	Date
Parent/guardian/care giver name:	<input type="checkbox"/>	
Signature:		

Teacher/Lecturer/Careers Adviser if under 18 years and in Education

Section 7: Confidential health questionnaire

We need this information to ensure our patients, staff and you are safe. **Your answers to these questions will not affect your chances of being offered a placement.**

Do you:	Yes or No (If yes, please provide further details).
Have a learning disability that may affect your ability to understand or act on an instruction?	
Have any restrictions of normal physical activity?	
Have skin allergies, eczema or other skin conditions?	
Have bronchitis or asthma?	
Have a hearing disability or discharging ears?	
Have a heart disease affecting capacity for physical tasks?	
Have diabetes?	
Experience fits or fainting attacks?	
Have significant colour vision defect or other visual disability?	
Take any medication?	
Have immunity to chicken pox?	

Which of the following infectious diseases have you been immunised against?

TB (BCG or Mantoux within past 5 years)	Diphtheria Measles	Measles
Meningitis C A Other	Pertussis (Whooping Cough)	Polio Hepatitis B Hepatitis A Other
Rubella	Tetanus	Mumps
Hepatitis B	Hepatitis A	Other

I confirm that the information given on this application is true and complete to the best of my knowledge and belief. I understand that any false information could put patients at risk and result in my application being refused or my placement being cancelled.

	Signature	Date
Applicant's name:		
	Signature	Date
Parent/guardian/Care giver name (if under 18 years):		