

Work experience application form

PLACEMENT DETAILS

Please indicate which area of work experience or which insight programme you are applying for:
(Please note work shadowing experience is for sixth formers only)

- | | |
|--|--|
| <input type="checkbox"/> Medical Shadowing Placement | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Occupational Therapy (OT) |
| <input type="checkbox"/> Cardio Thoracic | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Theatres (18 Years) | <input type="checkbox"/> Radiography (17 Years) |
| <input type="checkbox"/> Anaesthetics (17 Years) | <input type="checkbox"/> Dietetics (RPH) |
| <input type="checkbox"/> Respiratory Physiology | <input type="checkbox"/> Estates and Facilities |
| <input type="checkbox"/> Cardio Physiology | <input type="checkbox"/> Pathology Blood Transfusion |
| <input type="checkbox"/> Transplant | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Clinical Engineering | |

Insight Programme (Discover more [here.](#))

- 'Your Heart Hospital' (6th Form only)**

Interested in a career within healthcare and the NHS? Come and join us to know more about the heart, lungs and their function. Hear talks from specialists in this field and have a better understanding of the patient pathway and what they go through during treatment and their stay at RPH.

- Insight into the Patient Pathway**

If you are in years 10- 13 and interested in a career within healthcare and the NHS, come and join us to know more about the different career roles. Hear talks from specialists in their field and have a better understanding of the patient pathway and what they go through during treatment and their stay at RPH.

Other Placement Request

Preferred Dates for Work Shadowing Placement

PERSONAL DETAILS

First Name(s)		Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Say	Date of Birth	
		Age	
Preferred Pronouns		Sexual Orientation	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Undecided <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose
Do you Identify as Transgender?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say		
Address / Postcode		Home Phone	
		Mobile Phone	
Email			
Religion		Nationality	Visa Status <input type="checkbox"/>
Ethnicity	<input type="checkbox"/> White British <input type="checkbox"/> Asian <input type="checkbox"/> Any Other White Background <input type="checkbox"/> Asian/ Asian British- Bangladeshi <input type="checkbox"/> Mixed/ Multiple- White and Asian <input type="checkbox"/> Asian/ Asian British- Indian <input type="checkbox"/> Mixed/ Multiple- White and Black African <input type="checkbox"/> Asian/ Asian British- Pakistan <input type="checkbox"/> Mixed/ Multiple- White and Black Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Mixed/ Multiple Ethnic Backgrounds <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Black/ Black British- African <input type="checkbox"/> Prefer Not to Say		

If you need any assistance, please contact papworth.workexperience@nhs.net

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Say	Are you Neuro-divergent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tick all that apply <input type="checkbox"/> Autism <input type="checkbox"/> ADHD or ADD <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyspraxia or DCD
--	--	--

CURRENT SCHOOL/ COLLEGE DETAILS

School/ College Name			
Name of Careers Adviser or Tutor		Careers Adviser/ Tutors Email	
Address			
Telephone		Year Group	

If you are at sixth form please select what type of school you attended between the ages of 11-16

<input type="checkbox"/> Independent or fee paying school <input type="checkbox"/> Independent or fee paying school, means tested bursary covering 90% or more of the overall cost <input type="checkbox"/> State run or state funded school <input type="checkbox"/> Attended school outside of the UK <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to say	
What was the occupation of your main house-hold earner when you were 14 years old? <input type="checkbox"/> Modern/ traditional professional <input type="checkbox"/> Clerical and Intermediate occupations <input type="checkbox"/> Long term unemployment <input type="checkbox"/> Retired <input type="checkbox"/> Semi routine manual and service occupations <input type="checkbox"/> Senior, middle or junior managers/ administrators <input type="checkbox"/> Small business owners <input type="checkbox"/> Technical or craft occupations	
Were you eligible for free school meals at any point during school?	
Did a Parent Attend University before you were 18 Years Old? <input type="checkbox"/> Yes one or both parents attended university <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> No neither parent attended university <input type="checkbox"/> Unknown

PARENT/ CARER CONTACT DETAILS

Only complete details for parent/ carer currently living in the same home as the student applying for this experience

Parent/ Carer 1		Parent/ Carer 2	
First Name (s)		First Name (s)	
Surname		Surname	
Daytime Tel		Daytime Tel	
Mobile Tel		Mobile Tel	
Email		Email	

*If you are in the care of your local authority place tick this box

If you need any assistance, please contact papworth.workexperience@nhs.net

Contact name in your local authority	
Local authority contact telephone number	

PERSONAL STATEMENT

Current details of courses being followed **and any previous** GCSE/ A-Levels exam results

We would like to know more about you and your future career plans to ensure that your experience is both informative and valuable. Please answer the following questions to help us learn more about you.

1. What are your future career plans?
2. Please list:
 - Three things that attract you to your future career choice

 - Three things that concern you about your future career choice
3. How has your school helped you with your career plan?
4. What sources of information have been useful in making your career plans?

If you need any assistance, please contact papworth.workexperience@nhs.net

5. Is there anything else that you would find useful?

6. What course/s are you applying/ thinking of applying for at university? If you have already applied please state where?

7. Have you already had any medical work experience? If yes please tell us where/ when you did this:

8. Have you done any volunteering or signed up for volunteering at CUH/ RPH? If yes please tell us where/ when you did this:

9. Please highlight which applies to you with regards to your work shadowing experience:
 - Gaining entry level employment
 - Gaining access to higher education or professional training including medical school
 - Part of organised work experience through your school or college
 - As part of your own initiative to gain experience and understanding

TEACHER STATEMENT

Do you support this application? Please make sure this section is completed. Placements take place throughout the whole year and may fall in term time. Signature of your careers advisor or tutor is authorisation for you to be on placement if successful through term time.

College - although not a requirement, please feel free to include a short comment below if you so wish about the student.

If you need any assistance, please contact papworth.workexperience@nhs.net

I have checked the details on this application form. I confirm they are correct and I support this application.

Name of Teacher /
Tutor/ Careers
advisor
E-mail
Date

IMPORTANT MEDICAL INFORMATION

Please let us know if there are any specific medical conditions or serious allergies we should be aware of in the event of an emergency while this student is attending this programme, e.g. nut or other serious allergic reactions, asthma, etc.

Please confirm if in the last 12 months you or your family/ close relative or friend has been involved in:

- A Trauma
- Death

If yes, please state:

PARENT/ CARER DECLARATION

Everyone under the age of 18 must have parental consent in order to undertake a work experience placement at CUH or RPH. Please ensure your parent completes this following section if you are under the age of 18.

I state that this form has been completed with the requested information and to the best of my knowledge.

In accordance with UK Data Protection Act (1998), the information provided on this form will be used for the purposes of this event and for monitoring and statistical purposes to evaluate Royal Papworth Hospital (RPH) work experience programmes) only. The information will be stored securely for up to five years, and will only be accessible to RPH staff. Non identifiable data is reported on and submitted to NHS England and HEE.

I have read the information on this form alongside any additional details and understand that I will be responsible for my child up to the agreed handover point at the beginning of each day and again from the handover point at the completion of each day.

In the event of any emergency, I give permission for staff supervising the event to authorise first aid treatment by a qualified first aider and/or medical treatment which is deemed necessary by a qualified medical practitioner.

Do you consent to your child participating in any media recording (photographs, interviews, news stories, etc.) that will be solely used for promotion and evaluation?

If you need any assistance, please contact papworth.workexperience@nhs.net

Yes

No

Signature of Parent/
Carer
Relationship to Child
Date

STUDENT DECLARATION

The information I have provided is accurate to the best of my knowledge. I understand that any false information provided may result in my application and/or work experience placement being withdrawn.

Signature
Print Name
Date

Please note your contact details may be shared with colleagues within the Trust in arranging your placement and you may be contacted directly from the department.

Thank you for registering your interest in a placement at RPH.

We will be in contact with you via email once you have left Sixth Form College to find out what you are doing as part of our impact assessment on the work experience you have completed with us at RPH. Please tick this box if you do not want us to contact you in the future

Please return your completed application to the papworth.workexperience@nhs.net

If you need any assistance, please contact papworth.workexperience@nhs.net