

Application for ELHT Medicine Work Placement Programme 2023

To be considered for the work placement programme, applicants must submit the following:

- 1. The completed application form with all the appropriate signatures
- 2. Copies of your qualification certificates (or results slip for recent GSCE students)
- 3. A personal statement (one side of typed A4)
- 4. A reference from careers teacher or personal tutor at school/college
- 5. A professional or character reference from someone **not** related to you
- 6. Fully completed work experience application documents

All must be completed in full and deemed satisfactory for an application to be considered. Incorrect forms, forms with errors or applications with missing information will be immediately rejected.

Please return your fully completed documents to - workexperience@elht.nhs.uk

Please note that due to the large number of applications we receive, it is not possible to acknowledge receipt of application forms. If your application is successful, you will be notified via email with your confirmed placement date and further information.

Eligibility

| I am eligible to apply for this work placement programme | because (please X all that apply); |
|--|------------------------------------|
| I live in East Lancashire Please confirm Postcode | |
| I attend school or college in East Lancashire Please confirm name of education institution | |
| Address of educational institution | |
| Name of careers advisor | |
| Email of careers advisor | |
| Name of personal tutor | |
| Email of personal tutor | |
| My parent(s) is employed by East Lancashire Hospita Please confirm name(s) and department they work in | |

Personal Details

Please complete this application form in black ink. Any section marked with (*) is essential for completion. Information will be treated in the strictest confidence in line with GDPR.

| *Surname: | Home Address: |
|------------------------------|---------------------------|
| *First name: | |
| Title: | |
| Date of birth: | |
| Home Tel: | * Mobile: |
| Email Address 1: | |
| Email Address 2: | |
| *Next of kin: (Full name) | *Emergency Contact No: |
| *Relationship to you: | |

GCSE and other qualifications

Please give details of GCSE grades and any other qualifications. Please provide photocopies of all certificates with your application (or results slip for recent GSCE students).

Please Note:

- You must have a minimum of 8 at grades A* C (or numerical grade 4 to 9)
- At least 5 have to be A or A* (or numerical grade 7,8 or 9)
- English Language, Maths, Chemistry and Biology (dual or double award) must be an A or A* (or numerical grade 7,8 or 9)

| Qualification & Subject | Date achieved | Grade/ Award |
|-------------------------|---------------|--------------|
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| Qualification & Subject | Date a | chieved | Grade/ Award |
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| Qualification type & subjects | | | |
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| Previous Work | <u>Experience</u> | ce or Emp | <u>loyment</u> |
| | | | |
| Please give details of any previous paid | or voluntary wo | rk you have had | |
| None | | | |
| Organisation details | Dates from/to | Post held | |
| | | | |
| Duties and Responsibilities | | | |
| • | | | |
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| | | | |
| Organisation details | | | |
| | Dates from/to | Post held | |
| | Dates from/to | Post held | |
| Duties and Responsibilities | Dates from/to | Post held | |
| Duties and Responsibilities | Dates from/to | Post held | |
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| Duties and Responsibilities Organisation details | Dates from/to Dates from/to | Post held Post held | |
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| Organisation details | | | |
| | | | |
| Organisation details | | | |

Personal statement

You must submit a personal statement with this application form. This should one side of typed A4 and should focus on the following areas:

- Why you feel a career in Medicine may be appropriate for you?
- What would you hope to gain from attending this work placement programme should your application be accepted?
- How will this placement help you with your studies?

Academic Reference

| Applicants Name: | |
|--|--|
| Applicants date of birth: | |
| Applicants Address: | |
| How long have you known the | |
| applicant? | |
| What is your relationship with this | |
| applicant? | |
| Do you consider the above student | |
| suitable for the work placement | |
| programme and why? | |
| Please confirm and explain why you | |
| feel the student has the necessary | |
| professional attitude and communication skills to undertake this | |
| placement which may include meeting | |
| with patients. | |
| , and paneline. | |
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| | |
| Please confirm which A Level subjects | |
| that the applicant is studying? | |
| Mandatory subjects are; | |
| 1. Chemistry | |
| 2. Biology, Physics or Maths | |
| | |

| Is the candidate predicted to achieve | | |
|--|-------------|--|
| A-level grades appropriate to | | |
| medical school entry? These | ? These | |
| include; | | |
| 1. Chemistry (Grade A or above) | | |
| 2. Biology, Physics or Maths | | |
| (Grade A or above) | | |
| 3. Any academic subject (Grade | | |
| A or above) | | |
| Are there any appoint sireumstances | | |
| Are there any special circumstances | | |
| we need to be aware of? | | |
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| Is there any further information that | | |
| you would like to give which we may | | |
| find helpful in making an offer of a place on our work placement | | |
| programme? | | |
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| Printed name: | Date: | |
| | | |
| Signature | Telephone: | |

Sixth Form / College stamp (essential)

Professional or Character Reference

| Applicants Name: | |
|--|----------------------------------|
| Applicants date of Birth: | |
| Applicants Address: | |
| | |
| How long have you known the | |
| applicant? | |
| What is your relationship with this | |
| applicant? | |
| Do you believe the applicant to be | |
| honest and trustworthy? | |
| Please complete the following sentence | s with regard to this applicant: |
| 1. I would best describe this individual | as |
| | |
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| | |
| 2. This person's strengths include | |
| | |
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| | |
| Do you know of any reason why East | |
| Lancashire Hospitals NHS Trust | |
| should not offer a place on the work placement programme to the | |
| applicant? | |
| Please detail if yes | |
| Is there any further information that | |
| you would like to give which we may | |
| find helpful in making an offer of a place on our work placement | |
| programme? | |
| | |
| | |
| | |
| Printed name: | Date: |
| | |
| Signature | Telephone: |

Student & Parent Agreement to Trust Terms and Conditions

- 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 including but not limited to data protection, confidentiality, equal opportunities and security. Please note that there is a No Smoking policy covering the whole working environment and all Trust grounds 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. No liability can be accepted by the Trust for loss or damage to personal property on Trust premises or other premises attended for the purpose of your work placement by burglary, fire, theft, or otherwise. You are accordingly advised to provide your own peronal property insurance cover.
- 5. You understand that you will not be entitled to receive any financial benefits or any other benefits in kind during this work placement and the Trust will not reimburse for meals or travelling expenses.
- 6. The Trust operates a 'bear below the elbow' policy in all clinical areas and students will be required to observe this policy when placed on the main hospital site. There are no exceptions to this rule and if you chose not to observe this policy then you will not be able to participate in <u>any</u> work placements at ELHT.
- 7. If you are offered a placement, you understand that you must be available to attend for the duration. Our work placement programme is significantly oversubscribed and therefore if you know in advance that you are unable to commit for the full placement length then you must forefit the offer of work placement. This will enable us to then offer the placement to another student who is available to attend for the entire timeframe.
- 8. We reserve the right to contact you after your placement at ELHT so we can collect research data on how successful applicants to our work placement programme were in gaining a place at Medical School.
- 9. The Trust may terminate this work placement arrangement at any time without prior notice or reason.
- 10. A submitted application or an approved application does **NOT** guarantee that you will be offered a place on the work placement programme at ELHT.

11. We run various work experience events throughout the year at ELHT. Most are for 2 days, though we will occasionally run 1 day sessions. Please note that if you are applying for a work placement at ELHT then you will be offered a place on any one of the events scheduled. You do not have a choice of which event you can attend, we operate a waitlist in order application submission/approval and places are allocated by order of the wait list to the next event that is scheduled to take place.
12. All decisions by the Department of Undergraduate Education are final.

| 12. All decisions by | the Department of Undergraduate Education are final. |
|-------------------------------|--|
| Applicant | |
| have read and understoo | od the above terms and conditions |
| | |
| Applicant signature: | |
| Date: | |
| | |
| Parent/Guardian | |
| | formation and understand the terms and conditions. I will ensure my son/daughter |
| | these working with him/her. I give permission for my complaint, which might create a |
| | those working with him/her. I give permission for my son/daughter to attend the uring his/her work experience placement. |
| sideement and observe a | uning morner work experience placement. |
| | |
| Signature: | |
| Printed name: | |
| Date: | |
| | |
| ^{5th} Form / College | |
| have read the above info | ormation and understand the terms and conditions. I will ensure the student carries |
| - | confirm that he/she is not suffering from any complaint, which might create a hazard |
| | orking with him/her. I give permission for the student to attend the placement and |
| observe during his/her wo | ork experience placement. |
| Signature: | |
| 3.5. lacai C. | |
| Printed name: | |
| Date: | |