

Name:



Application for Work Placement Programme

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 GCSE students)
3. A typed 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. Completed Health assessment questionnaire (including evidence of vaccinations) – **complete sections: PERSONAL DETAILS, A, B, C and E**

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 post (recorded delivery recommended) FULLY completed applications to:
Undergraduate Office (LC116)
Medicine Work Placement Programme Team
Learning Centre
Park View Offices
Royal Blackburn Teaching Hospital
Haslingden Road
Blackburn
BB2 3HH

DO NOT RETURN ANY APPLICATIONS BY EMAIL

Please note that due to the large number of applications we receive, it is not possible to acknowledge receipt of application forms which is why we recommend recorded delivery so you can track progress of your delivery.

Eligibility

I am eligible to apply for this work placement programme because (please tick all that apply);

- I live in East Lancashire and have a BB postcode

Please confirm postcode: _____

- I attend a school or college in East Lancashire which has a BB postcode

Please confirm school or college: _____

- My parent (s) is/are employed by the **HOSPITAL: East Lancashire Hospitals NHS Trust**

Please confirm name of parent(s) and department(s) where they work:

Name:

Personal Details

Please complete this application form in black ink. Any section marked with (*) must be completed in capitals. Information will be treated in the strictest confidence.

*Surname:		Address:	
*First name:			
Title:	Mr / Miss		
Date of birth:			
Home Tel:		Mobile:	
*Email Address 1:	All correspondence will be via email – please provide an email address that you check regularly. PLEASE PRINT CLEARLY TO AVOID ERRORS		
*Email Address 2:			
*Next of kin (Full name)		Emergency Contact No:	
*Relationship to you:			
Name of school or college:		Address of school or college:	
Contact number for school/college:			
Careers Advisor:		Email:	
Personal Tutor:		Email:	

Name:

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 GCSE students)

Please Note:

- You must have a minimum of 8 at grades A* - C (or numerical grades 9 to 4)
- English Language must be an A*, A or B (or numerical grade 9, 8, 7 or 6)
- Chemistry **AND** Biology (or dual/double science) must be A* or A (or numerical grade 9, 8 or 7)
- Maths must be A*, A or B (or numerical grade 9, 8, 7 or 6)

Qualification & Subjects	Date achieved	Grade/ Award

Name:

Current Studies

Qualification type & subjects.

Mandatory subjects are:

1. Chemistry
2. Biology, Physics or Maths
3. Any academic subject

Previous Work Experience or Employment

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

Organisation details	Dates from/to	Post held	Duties & Responsibilities

Name:

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?

Name:

Reference - Academic

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.	
Please confirm which A Level subjects that the applicant is studying? Mandatory subjects are; 4. Chemistry 5. Biology, Physics or Maths 6. Any academic subject	
Is the candidate predicted to achieve A-level grades appropriate to medical school entry?	

Name:

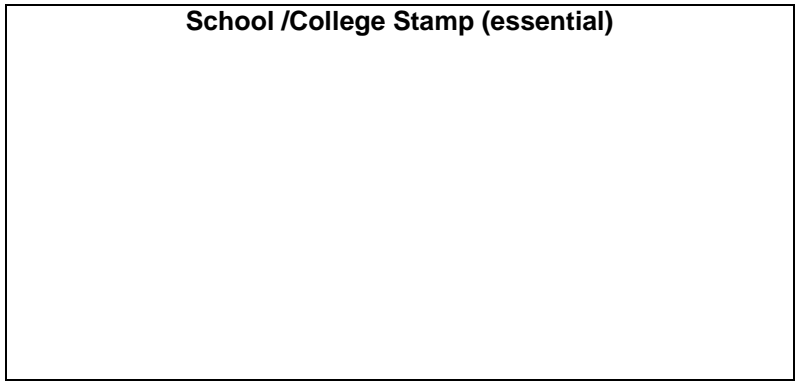
Are there any special circumstances we need to be aware of?

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?

Name: _____ Date: _____

Signature: _____ Tel: _____

School /College Stamp (essential)



Name:

Reference – Professional or Character

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 sentences with regard to this applicant: 1. I would best describe this individual as _____ _____ _____ 2. This person's strengths include _____ _____ _____	
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?	
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?	
Name: _____ Date: _____	
Signature: _____ Tel: _____	

Name:

Student & Parent Agreement to Trust Terms and Conditions

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 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 personal 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 **any** 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 forfeit 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

Name:

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.

Applicant

I have read and understood the above terms and conditions

Applicant Signature: _____ Date _____

Name: _____

Parent/Guardian

I have read the above information and understand the terms and conditions. I will ensure my son/daughter 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 work experience placement.

Signature: _____ Date _____

Name: _____

6th Form / College

I have read the above information and understand the terms and conditions. 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 the student to attend the placement and observe during his/her work experience placement.

Signature: _____ Date _____

Name: _____

Name:

COMPLETE SECTIONS: PERSONAL DETAILS, A, B, C and E



East Lancashire Hospitals
NHS Trust

The purpose of this work health assessment is to ensure, as far as possible, that you are fit for the post that you have applied for in order to protect your own and others' health and safety. Questions are asked about your past and present health, medical treatment and any impairment which may have implications for health and safety. The health information you provide will remain CONFIDENTIAL to this Occupational Health department.

Specific medical details will not be divulged without your written permission to any person outside the Occupational Health service, but an opinion about fitness for work and any suggested adjustments will be given to HR/ Recruitment and Management.

PERSONAL DETAILS

Dr/Mr/Miss/Mrs/Ms/ Mx (Delete as Appropriate)	Surname	
Forename(s)		
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to Say <input type="checkbox"/>	

Home Address:		Postcode:
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Contact Telephone No(s):	Home:	Mobile:
Email:		

Date of birth:			
<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>			

SECTION A – APPLICATION INFORMATION

This application is for	Medicine Work Placement Programme Application <input checked="" type="checkbox"/> Medical Student – currently studying at a University <input type="checkbox"/> Paid Employment at the Trust <input type="checkbox"/>
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Have you undertaken <u>paid</u> employment at ELHT in the past?	Currently Employed <input type="checkbox"/> Yes Previously <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was your role / job?	
If yes, were you known by another name?	
If yes, which department is your current employer?	
If yes, what is your current role / job title?	

Name:

Have you undertaken paid employment at any other NHS Trust in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details	
Position (applied for)	Medicine Work Placement Programme
Department	Undergraduate Education
Full/Part Time include total number of hours	2 day programme

SECTION B - YOUR HEALTH

Do you have any illness/ impairment/ disability (physical or mental) which may affect your ability to undertake effectively the duties of the position you have been offered? If yes, please give details below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had any illness/ impairment/ disability which may have been caused or made worse by your work? If yes, please give details below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If yes, please give details below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had or do you think you may need any adjustments or assistance to overcome/ accommodate any illness/ impairment or disability that may impact on your ability to undertake effectively the duties of the position you have been offered? If yes, please give details below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any absence from employment or education in the last 2 years? If yes, please give details including the number of episodes, days lost, date of occurrence and if it has resolved	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name:

Do you suffer from any allergies? For example a reaction to natural rubber latex If yes, please give details		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Height	Weight	BMI	

SECTION C - IMMUNISATION/ INFECTIOUS DISEASES

In which country were you born?	
Have you lived continuously in the UK for the last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please list all of the countries that you have lived in in the last 5 years	
Have you had a BCG vaccination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a visible BCG scar?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been treated for TB?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you suffer from any of the following symptoms:	
• Cough lasting more than 3 weeks/ blood stained sputum	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Unexplained fever/ high temperature/ weight loss	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Heavy sweating at night	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been in recent contact with anyone with open pulmonary TB?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you visited another country for more than three months within the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, where and for how long	
Have you had all of your routine childhood vaccines? e.g. MMR	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had chickenpox?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state which country you were in when this occurred:	

It is essential that you obtain documented evidence of your full immunisation history.

You must provide evidence of your immunisation history e.g. vaccination reports (available from your GP), laboratory reports or certificates. If you fail to provide this information then your application will be declined.

Name:

SECTION D - EXPOSURE PRONE PROCEDURES (EPP)

An exposure prone procedure (EPP) are those procedures where the workers hand may be in contact with sharp instruments, needle tips of sharp tissue (e.g spicules of bone or teeth) inside patients open body cavity, wound or confined anatomical space where the hands and finger tips may not be completely visible at all times. **THIS DOES NOT APPLY TO VENEPUNCTURE AND CANNULATION**

Will you be performing EPP?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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If you cannot provide ID validated blood borne virus results from a UK accredited laboratory you will be required to undergo testing from this Occupational Health department.

- IF YOU ARE NEW TO THE NHS PLEASE SUBMIT A COPY OF YOUR GP VACCINATION RECORD WITH THIS FORM.
- IF YOU ARE CURRENTLY EMPLOYED OR STUDYING WITHIN THE NHS IN ANY OTHER REGION, PLEASE SUBMIT A COPY OF YOUR OCCUPATIONAL HEALTH VACCINATION INFORMATION WITH THIS FORM.

FAILURE TO DO THIS WILL RESULT IN DELAYS IN YOUR HEALTH CLEARANCE AND ABILITY TO START WORK

- IF YOU ARE CURRENTLY EMPLOYED WITHIN THE NHS PLEASE COMPLETE THE CONSENT FORM BELOW TO ENABLE US TO ACCESS YOUR PREVIOUS VACCINATION INFORMATION

SECTION E - DECLARATION

I declare that answers to the questions on this questionnaire are true and complete to the best of my knowledge and belief. I am aware that any false, misleading statements or withholding information may lead to termination of employment.

Your Signature:	Date: / /
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(for paper based system)

I Agree <input type="checkbox"/>

Name:

SECTION F - CONSENT

Full Name	
DOB	
Address	

Any vaccine-preventable disease that is transmissible from person to person poses a risk to both healthcare professionals and their patients. Healthcare workers have a duty of care towards their patients which includes taking reasonable precautions to protect them from communicable diseases.

Immunisation of healthcare and laboratory workers may therefore:

- protect the individual and their family from an occupationally-acquired infection
- protect patients and service users, including vulnerable patients who may not respond well to their own immunisation
- protect other healthcare and laboratory staff
- allow for the efficient running of services without disruption.

(DOH, The Green Book, Chapter 12)

As part of this screening process if you currently work for or have worked (paid employment) for another Trust in the NHS, we may have the opportunity to obtain information about any immunisations or blood screening which may have been undertaken. To do this we require your written consent. By providing this information, the screening process should be expedited. It may also reduce the need for you to attend the Occupational Health department for further screening.

The information will be transferred and stored in the strictest of confidence and will not be visible to anyone outside the Occupational Health Department.

If you have previously undertaken paid employment at any NHS Trust in the UK: I consent to the transfer of my Immunisation and blood test results from my current/ most recent NHS Occupational Health provider to my new Occupational Health provider and I have provided the name of the Trust that I currently work for/ have previously worked for below:	I Agree <input type="checkbox"/> I Do Not Agree <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Full Name of Current/ Most Recent NHS Employer of paid employment	

Please delete as appropriate:
I do / do not wish to receive a copy of my vaccination information at the same time that it is transferred. (Please note that this will be posted to your home address)
I do / do not wish to see my vaccination information before it is transferred to my new Occupational Health Provider.