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| **PLACEMENT DETAILS** |

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| Please tick the type of placement you are applying for:  Caring in the NHS  Healthcare Science Day  Nursing & Midwifery Day  Medical Shadowing (6th Form)  Medical Work Programme (6th Form)  Physiotherapy (6th Form)  Young People in Research (6th Form) Private placement  Year 10 Insight to Work Week  Work Shadowing Placement (i.e. none of the above) | |
| Date of programme you are applying for **or** your preferred dates for a work experience placement: |  |
| If shadowing preferred department: |  |
| **PERSONAL DETAILS** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name (s) |  | | Email Address |  | | |
| Surname |  | | Home Tel |  | | |
| Address |  | | Mobile |  | | |
| Date of Birth |  | Year Group |  |
| Postcode |  | | Gender | Male  Female | | |
| Ethnicity (optional) | White  Mixed  Chinese  Asian/Asian British Black/British  Other | | Do you consider yourself to have a disability? (optional) | Yes  No | | |
| **SCHOOL/COLLEGE DETAILS** | | | | | | |
| School/College Name | |  | | | | |
| Address | |  | | | | |
| Telephone | |  | | | | |
| **PARENT/CARER CONTACT DETAILS Only complete details for parents/carers currently living in the same home as the student applying for this experience** | | | | | | |

NB Only complete details for parents/carers **currently living in the same home** as the student applying for this event.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 please tick this box. | | | |
| Contact Name in your Local Authority | |  | |
| Local Authority Contact Telephone No. | |  | |

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| **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

1. How have your school helped you with your career plans?
2. What sources of information have been useful in making your career plans?
3. Is there anything else that you would find useful?
4. What course/s are you applying/thinking of applying for at university? If you have already applied please state where?
5. What are your expectations of this placement with CUH?
6. Have you already had any medical work experience? If yes please tell us where/when you did this:
7. Have you done any volunteering? If yes please tell us where/when you did this:
8. 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? Although not a requirement, please feel free to include a short comment below if you so wish.

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

Name of teacher

E-mail of teacher

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 have 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. 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 (Addenbrookes work experience programmes) only. The information will be stored securely for up to five years, will only be accessible to University (and hospital) staff and used only for the purposes stated.

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?**

**YES  NO**

|  |  |
| --- | --- |
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Signature of parent/carer

Relationship to child

Date

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| **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 Cambridge University Hospitals.**

**Please return your completed application to the Work Opportunities Team** [**workexperience@addenbrookes.nhs.uk**](mailto:workexperience@addenbrookes.nhs.uk) **Please note due to high volume of applications we do not have the capacity to inform unsuccessful applicants. We aim to let successful students know one month before the programme starts or as soon as possible.**