# Healthcare Careers Summer Programme 2021 Application Form

# 10am – 2:30pm, 28th 29th July

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| **STUDENT DETAILS** |

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| 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** |
| Teacher Name |  |
| School/College Name |   |
| Address |  |
| Telephone |  |
| **PARENT/CARER CONTACT DETAILS**  |

|  |  |
| --- | --- |
| **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** |

Please explain why you would like to attend the Healthcare Careers Summer Programme (150 words maximum). For example, please include:

* Why would you like to find out more about the careers available in the Cambridgeshire area?
* What aspects of the outline programme particularly interest you and why?
* What would you personally hope to learn from it and why?

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| **TEACHER STATEMENT**  |

Please briefly explain why you support this student’s application:

Please confirm if the applicant is currently or has even been classified as being Pupil Premium or being eligible for free school meals.

[ ]  Yes [ ]  No

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

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| **PARENT/CARER DECLARATION**  |

Everyone under the age of 18 must have parental consent in order to participate in the Summer Programme. Please ensure your parent/carer completes this following section.

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

In accordance with the Data Protection Act (2018), the information provided on this form will be used for the purposes of managing, delivering, monitoring and evaluating this event. The information provided will be stored securely by Cambridge University Hospitals (CUH) and shared with Form the Future CIC for the purposes of processing applications for the event.

Anonymised data may also be shared with other event delivery partners, including Health Education England, Cambridgeshire Community Services (CCS), Cambridgeshire and Peterborough Foundation Trust (CPFT), Royal Papworth Hospital (RPH) and East of England Ambulance Service Trust (EEAST), as well as reporting about event activity.

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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 being withdrawn.**

Signature

Print Name

Date

**Thank you for registering your interest in the Healthcare Careers Summer Programme 2021**

**Please return your completed application to** **pbuncombe@formthefuture.org.uk** **by Friday 28th May 2021.**