Date:

Dear Student,

WORK PLACEMENT

With reference to your request for a possible work placement within Southend University Hospital NHS Foundation Trust, please find enclosed an application form, for completion. In order for us to consider a placement please return this along with:

- An accompany letter stating how the placement will assist you in your chosen career and when you would be able to complete a placement.
- Your latest CV.

Please note that completed application forms do not guarantee a definite placement, but we will accommodate you where possible.

Your completed form should be returned to the address below:

Work Experience Co-ordinator
Southend University Hospital NHS Foundation Trust
Education Centre
Prittlewell Chase
Westcliff-on-Sea
Essex
SS0 0RY

Please ensure your application is sent as soon as possible, as at least one month is usually required to process your paperwork.

Responses to application forms will be sent by email to the email address given on the application form. If you do not have access to emails please confirm how you would like to be contacted on you cover letter.

I look forward to receiving your completed application.

Yours sincerely

Sharon Clover
Work Experience Co-ordinator
Application for Work Experience

Please return to: Work Placement Co-ordinator, Southend University Hospital NHS Foundation Trust Education Centre, Prittlewell Chase, Westcliff-on-Sea, Essex, SS0 0RY

Instructions to Applicants (please read carefully)

1. You are to supply written evidence (a letter and C.V.) of how a placement will assist you in your chosen career in the Health Service and send along with this Application Form.

2. Please appreciate that we receive hundreds of applications for Work Experience Placements each year and the completion of this Application Form is not a guarantee of a placement. You should also seek placements in other organisations. Please apply 3 months before the date you require.

3. We provide placements for people who live in the immediate geographical area and require the placement as part of an educational programme. If you live outside the area, please apply to your local NHS Trust.

4. If your application is successful, you will be notified and may be requested to attend an interview.

5. If successful, you will receive all the relevant documentation including an Honorary Contract which you are required to sign and return BEFORE commencing on your placement.

6. If you are under 18, your parents/guardian must agree to you undertaking the Work Experience at Southend University Hospital NHS Foundation Trust and must have signed the Declaration below.

7. Placements can range between 1 to a maximum of 10 days only. Times may vary depending on placement area.

Personal details

Surname: ___________________________ First Name: ___________________________

Date of Birth: ___________________________ Age at the time of Work Experience: ____________

Telephone No: ___________________________ Mobile Number: ___________________________

Email: ________________________________

Address: ________________________________

Post Code: ____________________________

General Health (to be completed by the parent/guardian if the applicant is under 18. Please delete or circle where appropriate)

Do you/does your child have any recurring/continuing health conditions that would impact on your/their ability to undertake this placement? Yes/No If yes, please give details:

Do you does your child have any ‘special needs’? eg; learning difficulties or mobility issues Yes / No If yes, please give details

Have you had the MMR vaccine? Yes/No

Have you had the BCG vaccine? Yes/No

Have you had Chicken Pox or Shingles? Yes/No
**Education details**

School /College: ________________________________________________________________

Address of School/College: ____________________________________________________________

Post Code: _______________________

Careers Teacher/Contact: ___________________________ Telephone: ____________________________

Current Courses: Please list the courses you are currently studying.

Course:

1. .................................................................
2. .................................................................
3. .................................................................
4. .................................................................
5. .................................................................
6. .................................................................
# Work Experience Opportunities at Southend Hospital NHS Trust

**Requested Start Date:**

**End Date:**

<table>
<thead>
<tr>
<th>DEPARTMENTS AVAILABLE</th>
<th>DETAILS OF EXPERIENCE</th>
<th>INDICATE ONE CHOICE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEPARTMENTAL PLACEMENTS:</strong> 1 WEEK only</td>
<td><strong>STUDENTS TO BE AGED 14 TO 18</strong></td>
<td></td>
</tr>
</tbody>
</table>

**BIOMEDICAL SCIENCE**

*Please note: No spaces available until October 2014*

- Experience basic analytical procedures

- **Please note: No spaces available until October 2014**

  - Biochemistry
  - Cellular Pathology
  - Haematology
  - Microbiology

**OPERATIONAL INFORMATION MANAGEMENT**

Provides the student an understanding of the patient pathways with a logical progression from referral to treatment

**ADMINISTRATOR HUMAN RESOURCES**

HR Business Support and administration deal with all the administration generated within the human resources department of the hospital

**Radiotherapy**

*Please note: minimum age for this placement is 16*

- The radiotherapy department as part of the Essex Cancer Network provides a service for the local population. The placement would give the student an insight to all aspects of the service.

**Diagnostic Imaging**

*Please note: minimum age for this placement is 17*

- This placement will provide an insight into the variety of work undertaken by radiographers.

**SPECIALISED PLACEMENTS:** 1 OR 2 DAYS ONLY AS PREREQUISITE FOR UNIVERSITY STUDENTS TO BE AGED 17 TO 19

- **Rehab**
  - Experience/assisting the professional clinical staff
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 workplace, 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. Please note that there is a no smoking policy covering the whole working environment 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. There will not be payment for meals or travelling expenses

**Declaration:** I understand that any offer of Work Experience will be subject to the information I have provided being correct. I undertake to comply with the regulations and requirements of the Trust, as stated above, in particular those policies relating to Health and Safety and the confidentiality of all personal information and the requirements of the Data Protection Act in relation to personal identifiable information whether it is written, verbal or held on computers.

Signature (student): ___________________________________________
Print name: ___________________________________________ Date: ________________________

Please obtain the following signatures if under 18yrs.

Parent/guardian
I have read and understood the above requirements. 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 / herself or to those working with him/her. I give permission for my son/daughter to attend the placement and observe during his/her visit to Southend University Hospital NHS Foundation Trust.

Signature: ___________________________________________
Print name: ___________________________________________ Date: ________________________

Teacher/careers adviser if under 18 yrs.
I have read the work experience programme information and give permission for ___________________________ to attend the placement and observe during his/her visit to Southend University Hospital NHS Foundation Trust. I also confirm that he/she is currently studying at _____________________________________________.

Signature: ___________________________________________
Print name: ___________________________________________ Date: ________________________

Please return to this section to:
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Southend University Hospital NHS Foundation Trust
Education Centre
Prittlewell Chase
Westcliff-on-Sea
Essex
SS0 0RY

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