# Work Experience Placement Application

# Academic Year 2024/25

Maidstone and Tunbridge Wells NHS Trust welcomes applications from young people, the long term unemployed who are looking to return to work, and applicants considering changing careers. We welcome **non-clinical applications** from young people in the academic **Year 10 and above**, and **clinical applications** from young people in the academic **Year 12 and above**. Due to the incredibly high demand for spaces, an application may not guarantee a placement. You must show in your application that you have a genuine interest in seeking a career within the NHS, if you do not your application will not be shortlisted. *All clinical work experience is* ***purely observational****.*

**Please be aware that this application must be completed by the applicant themselves, and all correspondence will be directed solely to them, rather than to any third party.**

All information will be treated in the strictest confidence. The information you provide will support your application and help us find you a placement.

Please read and complete all relevant sections.

|  |  |
| --- | --- |
| Preferred career/specialty you are applying for: | Click or tap here to enter text. |
| Preferred dates/ hospital: |  |

Section 1: Your details

Personal details

|  |  |
| --- | --- |
| Surname/family name: | Click or tap here to enter text. |
| First name: | Click or tap here to enter text. |
| Date of birth: | Click or tap to enter a date. |
| Address including postcode: | Click or tap here to enter text. |
| Home telephone: | Click or tap here to enter text. |
| Mobile telephone: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |

Emergency contact (this could be your next of kin)

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Relationship: | Click or tap here to enter text. |

Additional information about you – This data is used by NHS England to ensure all applications are open and fair. Please note this is completely anonymised.

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| 1. Are you eligible or in receipt of free school meals, 16-19 bursary fund, discretional learner support, means tested benefit or pupil premium?   Yes No |
| 1. Have you ever been living in local authority care for a period of three months or more?   Yes No |
| 1. Are you a registered young carer?   Yes No |
| 1. Do you have an EHC Plan or any disabilities that we need to be aware of?   Yes No  If yes please give details: Click or tap here to enter text. |
| 1. Are you currently in education or training?   Yes No  If yes please state the name of the institution you are studying at:  If yes what school year group are you in?  Click or tap here to enter text. |
| 1. What was the name of the institution you attended between ages of 11-16 years old?   Click or tap here to enter text. |
| 1. Are you in employment?   Yes No  If yes please say where you are employed: Click or tap here to enter text. |
| 1. If not in education, training or employment have you had an extended period of unemployment?   Yes No  If yes say how long: Click or tap here to enter text. |
| 1. What was the occupation of your main household earner when you were aged 14?   Click or tap here to enter text. |
| 1. Do either of your parents have a university degree from the UK or abroad?   Yes No |
| 1. Do you have a relative(s) working at Maidstone and Tunbridge Wells NHS Trust?   Yes No  If yes, please give their name: Click or tap here to enter text.  Which department(s) do they work in: Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| GCSEs, A levels or other exams taken or subjects being studied:  Please enter predicted grades if you are currently studying a subject: | | | |
| GCSEs | Grade | A-Levels or Further Education | Grade |
| Qualification Name  Qualification Name  Qualification Name  Qualification Name  Qualification Name  Qualification Name | Grade  Grade  Grade  Grade  Grade  Grade | Qualification Name  Qualification Name  Qualification Name  Qualification Name  Qualification Name  Qualification Name | Grade  Grade  Grade  Grade  Grade  Grade |

|  |
| --- |
| Please explain why you have chosen this placement and what you hope to get from it. Include your hobbies and interests and your plans for the future. Please include your preferred dates if applicable. |
| Click or tap here to enter text. |

|  |
| --- |
| Have you read the Occupational Health leaflet provided with this form? Yes  No  Given the information in the leaflet do you need to contact Occupational Health: Yes  No  If the answer is yes, we will be in touch to discuss the process. |

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| Data protection statement  All of the information collected in this form is necessary and relevant to the work experience placement. We will use the information provided by you for recruitment purposes and undertaking of the placement only. We will treat all personal information with the utmost confidentiality and in line with current data protection legislation.  Should you be successful in your application, the information provided, and further information that will be gathered at the relevant time, will be subsequently used for the administration of your placement and in relation to any legal challenge which may be made regarding our practices.  For more information on how we use the information you have provided, please see our privacy notice. |

# Declaration

I confirm that the above information is complete and correct and that any untrue or misleading information will give the right to terminate any placement offered. I understand that any offer of a placement is subject to Maidstone and Tunbridge Wells NHS Trust being satisfied with the results of series of relevant checks, for example health.

|  |  |
| --- | --- |
| Participant signature: | Click or tap here to enter text. |
| Print name: | Click or tap here to enter text. |

Parental Declaration:

Everyone under the age of 18 must have parental consent in order to undertake a work experience placement at MTW. Please ensure your parent or guardian completes the following section if you are under the age of 18.

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 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

|  |  |
| --- | --- |
| **Parental signature:**  Please sign the box to the right: |  |
| **Print name:** | Click or tap here to enter text. |

**Teacher/Referee declaration:**

Please ensure this section is completed. Placements occur throughout the year and may coincide with term time. The handwritten signature of your careers advisor or tutor serves as authorisation for you to participate in the placement, should you be successful, during term time. If you are not in education, a line manager can complete this section.

Although not a requirement, please feel free to include a short comment about the individual below if you so wish:

|  |  |
| --- | --- |
| Academic Institution/Employer: | Click or tap here to enter text. |
| Named contact (Referee): | Click or tap here to enter text. |
| Referee Declaration:  Referee Signature, please **sign in the box to the right**: | I am aware of this application and can confirm the participant is suitable for this placement. |
| Telephone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |

We will be in contact with you via email once you have completed your work experience shadowing placement to find out what you are doing as part of our impact assessment on the work experience you have undertaken with us at MTW.

Please tick this box if you **do not** want us to contact you in the future

Thank you for registering your interest in a work experience placement at MTW. This form should be returned to: [**mtw-tr.workexperience@nhs.net**](mailto:mtw-tr.workexperience@nhs.net). *This is the* *only accepted method.*

# Equality Assessment Monitoring

# The NHS holds the principles of equality and inclusion at the heart of everything it does and all that it stands for. Work experience placements can offer an opportunity for people from underrepresented communities to gain experience that may be difficult to access through other routes. The following data will be anonymised and used to monitor the diversity of our cohorts. This will ensure we are able to widen participation by targeting underrepresented groups.

Gender you identify with

|  |  |  |  |
| --- | --- | --- | --- |
| He | She | They/Them | |
| Is the gender you identify with the same as your sex registered at birth?  Yes  No | | | |
| Prefer to self-describe: Click or tap here to enter text. | | | Prefer not to say |

Sexual orientation

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual / straight | Bisexual | Gay woman / lesbian | Gay man |
| Prefer to self-describe: Click or tap here to enter text. | | | Prefer not to say |

Ethnicity

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Asian / Asian British** | | | | | | | |
| Bangladeshi | Indian | | | Pakistani | | | Chinese |
| Any Other Asian background. Please describe:Click or tap here to enter text. | | | | | | | |
| **Black / African / Caribbean / Black British** | | | | | | | |
| Black or Black British - African | | | Black or Black British - Caribbean | | | | |
| Any other Black / African / Caribbean background. Please describe: Click or tap here to enter text. | | | | | | | |
| **Mixed / Multiple ethnic** | | | | | | | |
| White and Asian | | White and Black Caribbean | | | White and Black African | | |
| Other mixed / multiple ethnic background. Please describe: Click or tap here to enter text. | | | | | | | |
| **White** | | | | | | | |
| English/Welsh/Scottish/Northern Irish /British | | Irish | | | Gypsy or Irish Traveller | | |
| Any other white background. Please describe: Click or tap here to enter text. | | | | | | | |
| **Any other ethnic group** | | | | | | | |
| Prefer to self-describe: Click or tap here to enter text. | | | | | | Prefer not to say | |