

Workforce & OD Office
Chertsey House

St Peter's Hospital
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Chertsey
Surrey
KT16 0PZ

Email: asp-tr.workexperienceenquiries@nhs.net

Tel 01932 872000
Web www.ashfordstpeters.nhs.uk

APPLICATION FOR A WORK EXPERIENCE PLACEMENT:

The Trust welcomes applications from students considering a career in the NHS.

- ◆ **Work Experience – 17 years +**
- ◆ **No students under 18 are allowed in Paediatrics, Maternity, Obs & Gynae,**
- ◆ **No student will be allowed into the Intensive Care Unit**

Information will be treated in the strictest confidence.

All areas marked * must be completed in full otherwise your application will not be processed.

Personal details

Title*:	_____	Surname*:	_____	Forename*:	_____
Address for correspondence*:					

Date of birth*:	_____	Age*:	_____	Email*:	_____
Telephone*:	_____	Mobile:	_____		
Next of Kin*:					

Relationship:	_____	Telephone*:	_____		
School/College*:					

Address:					

Teacher/Careers Adviser*:					

Telephone*:					

Preferred dates of work experience*: 1 st _____ 2 nd _____ 3 rd _____					
Ethnicity:					

Please use this page to tell us a bit about yourself, what your aspirations are and why you would like to be here at Ashford St Peters.

We would appreciate it if you give us your top 3 choices of specialities/departments:-

- 1.
- 2.
- 3.

Supporting Statement

Student, Parent and Teacher Agreement to Trust Requirements

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 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.

I have read and understood the above requirements.

Signature (student)*: _____

Print name*: _____ Date*: _____

Please obtain the following signatures if under 18 yrs:

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 Ashford and St. Peter's Hospitals NHS Foundation Trust.

Signature: _____

Print name: _____ Date: _____

Teacher/Careers Adviser if under 18 yrs.

I have read the work experience programme information (www.ashfordstpeters.nhs.uk/work-experience) and give permission for _____ to attend the placement and observe during his/her visit to Ashford and St. Peter's Hospitals NHS Foundation Trust. I also confirm that he/she is currently studying at _____ and that there are no concerns regarding the student's attitude and behaviour.

Signature: _____

Print name: _____ Date: _____

Please Note:

1. All areas marked * must be completed in full otherwise your application will not be processed.
2. All completed forms must be **SCANNED (PDF)** & returned BY E-MAIL to:
asp-tr.workexperienceenquiries@nhs.net
3. **Submitting a work experience application does not guarantee a place**

Confidential pre-placement health questionnaire		
This form is to be completed by those coming to work in Ashford & St Peter's Hospitals NHS Foundation Trust on Work experience / Elective Placement		
PLACEMENT:	Work Experience	
To be completed by the Applicant		
Surname:	Forename:	
Male / Female	Title: Dr/Mr/Mrs/Ms/Miss/Other:	
Date of Birth: / /		
Present Address:		
Contact Telephone Number:	Mobile Number:	
Email address:-		
As part of your workplace screenings within Ashford & St Peter's Hospitals NHS Foundation Trust you are required to answer the following questions.		
Health Question	YES	NO
1. Do you have any illness or disability at the present time? If yes, please give details:		
2. Have you had any other serious illnesses or operations in the past? If yes, please give details:		
3. Are you taking or being prescribed any medicines, inhalers, injections or eye/ear drops at the present time? If yes, please give details:		
4. Is your ability to perform physical work limited in any way?		
5. Have you had or been in contact with any infectious disease in the past four weeks?		
6. Which of the following infectious diseases have you been immunised against?		
<input type="checkbox"/> BCG (Tuberculosis) <input type="checkbox"/> Pertussis (Whooping Cough) <input type="checkbox"/> Diphtheria <input type="checkbox"/> Polio <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Meningitis C <input type="checkbox"/> Tetanus <input type="checkbox"/> Mumps		
Signature:	Date:	
Print name:		
Parent/guardian's signature if under 18:		
Print name:	Date:	