

**West Suffolk Hospital**  
**Student Programme Application**  
**Clinical Shadowing Experience**



**West Suffolk**  
NHS Foundation Trust

**Voluntary Services**

Tel: 01284 713169/713205  
email: voluntary.services@wsh.nhs.uk

**Strictly Confidential**

**Your Details**

Title .....

Forenames .....

Surname .....

Date of birth .....

Address  
.....  
.....  
.....

Postcode .....

Telephone Number .....

Email .....

Emergency contact (Name and telephone number)  
.....

**Your School/College Details**

School/College.....

..... Year.....

Dates of availability/non availability:  
.....

**Please enclose your CV and a supporting statement from your year/school head with your application.**

Please indicate below your area of interest with a short explanation.

**Area of interest:**

- AHP - Allied Healthcare Professions
- Medical
- Nursing
- Other .....

**Why are you interested in this area?**

.....

**Health information**

All students are asked to complete the Trust's Health Questionnaire which may or may not result in being asked to see the Occupational Health doctor.

**Disability information**

Do you consider yourself to have a disability .....

If yes, what support or adjustments do you think you will need to take up a work experience placement at this Trust?  
.....

**Please sign below**

In compliance with the Data Protection Act 1998, I declare that the information given on this form is correct and I agree to my details being held by West Suffolk Hospital Voluntary Services.

**Signed** ..... **Date** .....

**Please complete and return to:**

Voluntary Services  
West Suffolk Hospital, Hardwick Lane, Bury St Edmunds IP33 2QZ  
email: voluntary.services@wsh.nhs.uk