

West Suffolk Hospital Student Programme Application Clinical Shadowing Experience



West Suffolk
NHS Foundation Trust

Voluntary Services

Tel: 01284 713209/713169

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.

Due to the popularity and high volume of applications that we receive, **we cannot guarantee a place for all applications**, your place is not confirmed until you have been offered a space and have completed all of the paperwork sent to you.

Please indicate your area of interest:

AHP - Allied Healthcare Professions

Medical

Nursing

Other

To ensure that we place you in the right environment, please explain on a separate piece of paper why you have an interest in this area. It will be useful to explain any research you have undertaken and your understanding of the roles in these professions

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Strictly Confidential—Part 2

Health information

All students are asked to complete the Trust's Health Questionnaire which may or may not result in being asked to provide more information to the Occupational Health Department.

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?
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Due to the continued covid control measures in the trust you will need to provide evidence of double vaccination in line with national guidance. Without this evidence we will be unable to offer you a place on our Clinical shadowing programme.

Media consent

Whilst on your placement there may be opportunities for Videos or photographs to be taken. Please complete the media consent form with your agreement, these pictures or videos may be used on WSFT platforms and webpages.

If you are under 18 we will also need consent from your parent or guardian.

Please complete and return to:

Rachel Grimwood
Student and young volunteer coordinator
Voluntary Services
West Suffolk Hospital, Hardwick Lane, Bury St Edmunds IP33 2QZ
email: voluntary.services@wsh.nhs.uk

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.

Name:

Signed Date