

West Suffolk Hospital
Student Programme Application
Yr 10/11 Work Experience
(Non-Clinical)

Strictly Confidential



West Suffolk
NHS Foundation Trust

Voluntary Services

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

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 your school's work experience:
.....

Please enclose 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:
.....

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?
.....

Risk Assessment Information for under 18s

Individual Risk Assessments are undertaken for volunteers under 18 years.

Under the 1997 Health & Safety (Young Persons) Regulations, we are required to carry out risk assessments for the activities undertaken at West Suffolk Hospital by students on work experience up to age 18 years. **In the case of pre-16 students this information must be communicated to their parents - please ask your parent/guardian to complete the Parental/Legal Guardian Consent overleaf).**

Most tasks include some risk requiring consideration, ie moving around the hospital, slips/trips and falls and moving and handling; measures to minimise any risk to students includes information at induction, close supervision, the use of protective equipment/clothing where required. Work experience students will sign their individual Risk Assessment form with Voluntary Services staff on their first day.

Student Statement

I wish to undertake a period of non-clinical work experience at West Suffolk Hospital. I understand that:

- I will attend every day and arrive on time
- For every day I am ill, I will phone my placement contact at West Suffolk Hospital before I am due to arrive and inform them that I will not be in.
- I will dress in the appropriate clothes for my work experience and follow the West Suffolk Hospital dress code
- I will behave in a sensible, grown-up way and be a credit to my school, parents/guardians and myself
- If I have any problems I must contact my placement at West Suffolk Hospital

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.

Student signed Date

Parent/Legal Guardian Consent

Please ask your parent/guardian to complete this section below regarding your application.

I have noted the risk assessment information overleaf.

- Name of student suffers from which may affect his/her performance in his work experience placement
- In the event of an emergency I give consent for to receive medical treatment from a first aider/GP or hospital
- He/she is allergic to and/or is on the following medication

Daytime contact telephone number (in case of emergency)

Signed (Parent/Guardian) Date

Please note:

A copy of your completed form will be forwarded to your school for their records.

Please complete and return to:

Voluntary Services
West Suffolk Hospital, Hardwick Lane, Bury St Edmunds IP33 2QZ
email: voluntary.services@wsh.nhs.uk
tel: 01284 713169