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**EXPRESSION OF INTEREST/APPLICATION PACK for Work Experience/Observation Placement**

Thank you for your expression of interest regarding work experience opportunities within Sandwell & West Birmingham NHS Trust.

* **Please complete ALL sections in this pack to progress your application and**

**e-mail back to:-**

[**swb-tr-SWBH-GM-WorkExperienceEnquiries@nhs.net**](mailto:swb-tr-SWBH-GM-WorkExperienceEnquiries@nhs.net)

* **Completion of this form does not guarantee a placement**
* **Information will be treated in the strictest confidence**
* **PLEASE NOTE ONLY WEEKS COMMENCING ARE ON OFFER**:- w/c 3rd June 2024, w/c 10th June 2024, w/c 17th June 2024, w/c 24th June 2024, w/c 1st July 2024, w/c 8th July 2024, w/c 15th July 2024, w/c 22nd July 2024

Did you know there are more than 350 different careers in the **National Health Service?** You could be an **Ambulance driver**, S**peech Therapist**, **Dietitian**, **Cleaner,** S**ecretary**, **Engineer,** **Laboratory scientist**, O**ccupational** T**herapist, or maybe a brain surgeon**! The NHS is the biggest employer in Britain and all these jobs need to be filled; why not by you?

**Why do work experience?**

Work experience will show you how we work as an organisation. It can also help you experience being part of a team and develop skills that will give you a head start when you apply for an apprenticeship with us, university course or a job.

Some jobs are ‘clinical’, which means directly related to patients and their treatment - such as **Medicine**, **Nursing** or **Physiotherapy** - and some are ‘non-clinical’, such as **IT** or **Administration**. Work experience is useful for whichever type of career you are interested in, and it is still valuable to get non-clinical work experience even if you hope to end up in a clinical career.

**Work experience is a great way of seeing what it’s like working in the health service and showing your commitment to your future NHS career**.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| SURNAME |  |
| FORENAME |  |
| MAIDEN NAME/PREFERRED NAME (if applicable) |  |
| TITLE |  |
| MALE/FEMALE/OTHER (delete as applicable) |  |
| DATE OF BIRTH – **IMPORTANT Medical/Clinical work experience placements require students to be a minimum of 16 years of age** **and some areas are 18+** |  |
| NEXT OF KIN (name and contact number) |  |
| HOME ADDRESS |  |
| HOME TELEPHONE NUMBER |  |
| MOBILE NUMBER |  |
| E-MAIL ADDRESS (use block capitals) |  |
| SCHOOL/COLLEGE/UNIVERSITY ADDRESS |  |
| CAREERS ADVISOR (name and contact number) |  |
| PREFERRED DATE OF WORK EXPERIENCE **(please note only weeks commencing** w/c 3rd June 2024, w/c 10th June 2024, w/c 17th June 2024, w/c 24th June 2024, w/c 1st July 2024, w/c 8th July 2024, w/c 15th July 2024, w/c 22nd July 2024 **are available and they may not be full weeks on offer)** |  |
| PLEASE STATE DEPARTMENT/AREA OF INTEREST **– this is important to ensure we can try and allocate a suitable placement for you – if you do not complete this we will not process your application.** |  |
| HAVE YOU PREVIOUSLY UNDERTAKEN WORK EXPERIENCE AT THIS TRUST? |  |

|  |
| --- |
| **USE THIS SPACE TO PROVIDE INFORMATION IN SUPPORT OF YOUR APPLICATION**  The Trust consider this an important part of your application. Tell us your career aspirations, about your study, your hobbies and why you would like to be considered for a work experience opportunity within our Hospitals. |
| **PLEASE STATE ANY ISSUES THE PLACEMENT SUPERVISOR NEEDS TO BE AWARE OF?** |

**Student, Parent and Teacher Agreement to Trust requirements**

* 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 work place, 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.
* 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 a **No Smoking Policy** covering the whole working environment and that there are securtiy arrangements applicable to most locations.

* 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.**
* There will normally be **no payment for meals or travelling expenses.**

I have read and understood the above requirements.

Signed (student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please obtain the following signatures: (if under 18yrs of age)

Parent/Guardian

I have read the work experience/observation programme information and understood the 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/her or to those working with him/her. I give permission for my son/daughter to attend the course and observe during his/her visit to the Sandwell and West Birmingham Hospitals NHS Trust.

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Careers Advisor (if under 18 yrs of age):

I have read the work experience programme information and give permission for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the course and observe during his/her visit to Sandwell and West Birmingham NHS Trust. I also confirm that he/she is currently studying at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/email (delete as appropriate)

SWB NHS Trustwants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact [swb-tr.SWBH-GM-WorkExperienceEnquiries@nhs.net](mailto:swb-tr.SWBH-GM-WorkExperienceEnquiries@nhs.net)

**Gender** Male \* Female \* Intersex \* Non-binary \* Prefer not to say \*

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24\* 25-29 \* 30-34 \* 35-39\* 40-44 \* 45-49 \*

50-54 \*55-59 \* 60-64 \* 65+ \* Prefer not to say \*

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian \* Pakistani \* Bangladeshi \* Chinese \* Prefer not to say \*

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African \* Caribbean \* Prefer not to say \*

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean \* White and Black African \* White and Asian \* Prefer not to say \* Any other Mixed or Multiple ethnic background, please write in:

***White***

English \* Welsh \* Scottish \* Northern Irish \* Irish \*

British \* Gypsy or Irish Traveller \* Prefer not to say \*

Any other White background, please write in:

***Other ethnic group***

Arab \* Prefer not to say \* Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes\* No \* Prefer not to say \*

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual \* Gay \* Lesbian \* Bisexual \* Asexual \* Pansexual \*

Undecided \* Prefer not to say \*

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief \* Buddhist \* Christian \* Hindu \* Jewish \*

Muslim \* Sikh \* Prefer not to say \* If other religion or belief, please write in

**SANDWELL AND WEST BIRMINGHAM NHS TRUST**

**Confidentiality Form**

To ensure the confidentiality of staff and patients information I am aware that I should not divulge any information gained by me as a result of my placement to any unauthorised person, either orally or in writing.

I understand that should I breach confidentiality in this way during my work experience placement, that placement will immediately cease, and that any such breach may subsequently lead to disciplinary and/or legal action being taken.

|  |  |
| --- | --- |
| Candidate Name (please print): |  |
| Candidate signature: |  |
| Date: |  |
| Parent/guardian signature (if under 18 years of age): |  |
| Date: |  |

**Work Experience – Confidential Health Questionnaire**

Last Name:

First Name:

Date of Birth:

Home Address:

­­­­­­­­

Post Code:

Telephone Number:

Work Experience Placement Location:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Do you have any illness or disability at the present time? If yes, please give details | YES ( ) | NO ( ) |
| 2. | Have you had any other serious illnesses or operations in the past? If yes, please give details. | YES ( ) | NO ( ) |
| 3. | Are you taking or being prescribed any medicines, inhalers, injections or eye/ear drops at the present time? If yes, please give details. | YES ( ) | NO ( ) |
| 4. | Is your ability to perform physical work limited in any way? | YES ( ) | NO ( ) |
| 5. | Have you had or been in contact with any infectious disease in the past four weeks? | YES ( ) | NO ( ) |

6. **IMPORTANT** - Which of the following infectious diseases have you been immunised against?

|  |  |
| --- | --- |
| BCG (Tuberculosis) |  |
| Diptheria |  |
| Measles |  |
| Meningitis C |  |
| Mumps |  |
| Pertussis (whooping cough) |  |
| Polio |  |
| Rubella |  |
| Tetanus |  |
| Covid 19 (double vaccinated) |  |

Signature ………………………………………………… Date …………………

Parent/Guardian’s signature …………………………… Date ………………… (if under 18 years)

**CHECKLIST**

Please ensure that all sections of the application pack have been completed by using the tick sheet below:-

|  |  |
| --- | --- |
| **FORMS** | **TICK** |
| Application form completed and signed by all parties |  |
| Equality & Diversity form completed |  |
| Confidentiality form signed by all parties |  |
| Health Questionnaire completed and signed by all parties |  |

**APPRENTICESHIPS**

**2023 - 2024**

**IF YOU ARE INTERESTED IN APPLYING FOR AN APPRENTICESHIP IN:-**

**HEALTH & SOCIAL CARE (Level 2 & 3)**

**CUSTOMER SERVICE (Level 2)**

**BUSINESS ADMINISTRATION (Level 3)**

**TEAM LEADING (Level 3)**

**PLEASE FOLLOW THE LINK BELOW:-**

[**https://www.gov.uk/apply-apprenticeship**](https://www.gov.uk/apply-apprenticeship)

**VOLUNTEERING**

**IF YOU ARE INTERESTED IN VOLUNTEERING AT OUR TRUST PLEASE E-MAIL -** [**swbh.volunteer@nhs.net**](mailto:swbh.volunteer@nhs.net) **FOR MORE INFORMATION.**