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**Work Experience Application Form**

# **Please read before you complete this form.**

**IMPORTANT**

Please ensure that you read the instructions carefully for each section of the form. If the form is not completed correctly or if any required information is missing, we will be unable to process your application and it will be rejected.

If you need assistance to complete the form, please contact [loth.workexperience@nhs.scot](mailto:loth.workexperience@nhs.scot)

**For placement managers**

If you have offered a placement opportunity to a participant, please return the completed form along with the following information in the body of the email. If the form is returned by the participant or without this information, we will be unable to process the application and it will be rejected.

* Name of placement Manager
* Contact number
* Email address
* Department Site/Location
* Placement Start & End Date & Time
* Total number of days on placement:
* Reporting Details for first day (location & time)
* Any additional instructions or guidance e.g hygiene, lunch, or phone guidelines.

**FAIR TREATMENT STATEMENT**: No applicant will be unfairly discriminated against on account of their age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, and sexual orientation.

**DATA PROTECTION NOTICE**: The information you supply here will be used solely for the purpose of managing the selection process. If successful, your details will be kept by NHS Lothian to monitor the quality of the work experience programme and provide you with information deemed necessary to support you.

If successful, your details will be shared with the Service you are placed with as an integral part of managing your attendance.

Thank you for your interest in work experience with NHS Lothian. We look forward to reviewing your application!

# **Blue text on a black background Description automatically generatedWork Experience Application Form**

Fields marked with an asterisk (\*) are mandatory and must be completed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A- Applicant Details** | | | | | | | | | | | | | | | | | | | | | |
| Please select type of application  Self-found Application  Request to Source Application  Step Into Healthcare Application | | | | | | | | | | | | | | | | | | | | | |
| Title e.g. Miss/Master: | |  | | | | First name\* | | | |  | | | | Last Name\* | | | | |  | |
| Date of Birth\* | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | |
| Pronouns (how would you like us to address you?) \* | |  | | | | | | | | | | | | | | | | | | |
| Full address\* | |  | | | | | | | | | | | | | | | | | | |
| E-mail address \* | | | *Click or tap here to enter text.* | | | | | | | | | Telephone \* | | | | | | *Click or tap here to enter text.* | | |
| **Emergency Contact Details** | | | | | | | | | | | | | | | | | | | | |
| Title e.g. Mr/Mrs |  | | | Name\* | | | |  | | | | | | | | Relationship to you\* | | | |  |
| E-mail address \* | | | | | *Click or tap here to enter text.* | | | | | | Telephone \* | | | | | | *Click or tap here to enter text.* | | | |
| Are there any specific needs or requirements (e.g. health or disabilities), that we should be aware of? This information will help us provide the best possible support during your placement. If none, please respond ‘n/a’ and proceed with the other questions. \* | | | | | | | | | | | | | | | | | | | | |
| **Section B: Request of Work Experience Placement** | | | | | | | | | | | | | | | | | | | | |
| Note **If you are requesting a placement, please ensure that dates are at least 8 weeks from your submission date.**  **If you have been offered an opportunity by a placement manager, please put the agreed dates here.**  **If this is an application to be part of a Step Into Healthcare programme please put the dates that have been provided**. \* | | | | | | | | | | | | | | | | | | | | |
| What career are you interested in? | | | | | | | | |  | | | | | | | | | | | |
| Work Experience Week/\* Dates | | | | |  | | | | | | | | | | | | | | | |
| School/ Further Education details\* | | | | |  | | | | | | | | | | | | | | | |
| Guidance Teacher/ Educational Name | | | | |  | | | | | | | | | | Current School Year: | | | | |  |
| Guidance Teacher or Work Experience Co-ordinator Email | | | | |  | | | | | | | | | | | | | | | |
| **Section C: Qualifications & Experience** | | | | | | | | | | | | | | | | | | | | |
| Kindly inform us of any qualifications you have achieved or are currently pursuing. If these questions do not apply to you, please respond ‘n/a’ and proceed with the other questions. | | | | | | | | | | | | | | | | | | | | |
| Qualifications Achieved (Type of Qualification Eg. Nat 4, Nat 5, Highers, BSc) | | | | | | |  | | | | | | | | | | | | | |
| Qualifications currently studying (Type of Qualification Eg. Nat 4, Nat 5, Highers, BSc) | | | | | | |  | | | | | | | | | | | | | |
| **SECTION D: About you & your career aspirations** We want to hear about you and why you are interested in a placement with NHS Lothian. Please answers the questions below with as much detail as possible, it is extremely important to evidence the skills, interests and experience you have that make you a great candidate for a work placement with us. | | | | | | | | | | | | | | | | | | | | |
| 1. Why do you want to study your course of choice? (What are your motivations for applying, what do you hope to gain from it, etc?) (max 500 words) \* | | | | | | | | | | | | | | | | | | | | |
| 1. Can you give two examples of times when you have displayed the NHS Values? Please read over our values here Our Values (nhslothian.scot) (max 500 words). \* | | | | | | | | | | | | | | | | | | | | |
| 1. Please tell us what skills and experience you have gained to date which will help you within your work experience placement. How do you think these skills will contribute to your career aspirations and goals? (These skills may have been gained through volunteering, jobs, hobbies, or awards such as Duke of Edinburgh.) (max 500 words) \* | | | | | | | | | | | | | | | | | | | | |
| **SECTION E: Equal Opportunities Monitoring** To ensure that we are promoting diversity and equal opportunities, we would appreciate it if you could provide information about your ethnic background. Please note that these questions are for statistical purposes only. | | | | | | | | | | | | | | | | | | | | |
| Select your ethnic background (please choose one):  ❖ **White**   * British * Irish * Any other White background (please specify): Click or tap here to enter text.   **❖ Mixed/Multiple ethnic backgrounds**   * White and Black Caribbean * White and Black African * White and Asian * Any other Mixed/Multiple ethnic background (please specify): Click or tap here to enter text.   ❖ **Asian/Asian British**   * Indian * Pakistani * Bangladeshi * Chinese * Any other Asian background (please specify):Click or tap here to enter text.   ❖ **Black/African/Caribbean/Black British**   * African * Caribbean * Any other Black/African/Caribbean background (please specify): Click or tap here to enter text.   ❖ **Other ethnic group**   * Arab * Any other ethnic group (please specify): Click or tap here to enter text. * **Prefer not to say** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| * **Refugee Status:** Do you currently hold refugee status? * Yes * No * Prefer Not to say Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| * **Military Background:** Has any member of your immediate family served in the military? * Yes * No * Prefer Not to Say Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Section F: Declaration and Submission details** I have completed this application form and the details that I have supplied are to the best of my knowledge, true and complete.  I understand that NHS Lothian require the details included in this form and will only use these for specific and lawful purposed as stated in the Data Protection Notice above. This information will be held in accordance with the board’s policies regarding confidentiality and data security. | | | | | | | | | | | | | | | | | | | | |
| Full Name (Capitals) \* | | | | | | |  | | | | | | | | | | | | | |
| Signature\*  (Print name if no electronic signature) | | | | | | |  | | | | | | Date\* Click or tap to enter a date. | | | | | | | |