Widening Participation Team

Education Centre

Kent Lodge

Broadgreen Hospital

Thomas Drive

Liverpool

L14 3LB

[Workexperience@liverpoolft.nhs.uk](mailto:Workexperience@liverpoolft.nhs.uk)

Dear Student

Please find attached an Application form to apply to attend a Career Day or our Taste of the NHS programme, this includes a Health Declaration and Equality & Diversity monitoring form.

Unfortunately, due to the number of enquiries we receive we cannot guarantee a place. Please provide as much information as possible, including alternative dates when you would be available.

On completion of the application form, please scan and return to [Workexperience@liverpoolft.nhs.uk](mailto:Workexperience@liverpoolft.nhs.uk) or post to the address above,

Yours Sincerely

Sharon Morecroft

Work Experience Co-ordinator

|  |
| --- |
| Career Day/Programme Application |

**Personal Details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Telephone Number |  |
| Email |  |
| Next of Kin |  |
| Relationship |  |
| Next of Kin Phone Numbers |  |
| Name of Educational Provider and Contact Details  (school, college, university) |  |

**Please note, all personal information collected will remain confidential.**

**Request**

|  |  |
| --- | --- |
| Career Days/Programme you would like to attend and preferred date |  |

**The Data Protection Act**

The Trust is required to adhere to the terms of the Data Protection Act and General Data Protection Regulation. By completing this form you agree to the Trust holding and processing the above information about you, as permitted by law.

We only capture this data for the sole purpose of processing your application.

**Declaration**

**Confidentiality**

During the course of my duties I may see or hear personal information about a patient of the Trust. I fully understand that all such information must be treated in absolute confidence and that I must not discuss or disclose this information with any persons other than relevant members of staff.

I understand that in order to be considered for a placement I will be asked to produce evidence of identification, address and status in the UK when applicable.

I confirm that the information given on this application is correct. I understand that any false information may result in my application being refused or my placement cancelled.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian’s signature (if under18 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Print name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Experience Placement Health Declaration

**Personal Details of Learner**

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Address: | |
| Telephone Number: | |

**Health Details of Learner:**

|  |  |  |
| --- | --- | --- |
| 1. Do you have any current or past medical problems that mean you require any adjustments during your work experience placement with us?   If **Yes** please give details on what these adjustments are: | **Yes** | **No** |
| 1. Are you taking any medications that affect how you function?   If **Yes** please give details of how your medication affects your day to day functioning: |  |  |
| 1. Do you require any specific support or adjustments to take up a work experience placement with the Trust?   If so please state what this specific adjustment is: |  |  |

**Details of Immune Status:**

1. I confirm that I have been immunised against MMR (Measles, Mumps and Rubella)\*

YES / NO

1. I confirm that I have had Chicken Pox\*\*

YES/NO

\*If a learner has not had MMR vaccination or is not immune to Chicken Pox this may mean that they are not able to participate in a patient facing placement – this will be discussed with the work experience team.

\*\*Please note that if you are not immune to Varicella ( Chicken Pox) but happen to come into contact with Chicken Pox they should not have any direct patient contact for 21 days afterwards. If this is the case please notify the work experience co-ordinator of this contact.

Signed: ……………………………………………….. Date: ……………………………………….

Equality and Diversity Monitoring Form

The Liverpool University Hospital Trust wants 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 you provide will stay confidential and be stored securely.

**Gender** Male 🗆 Female 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here …………………….

Are you living in the gender you were assigned at birth? Yes  No 

**Age** under 16🗆 16-18 🗆 19-24 🗆 over 25 🗆

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

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆

Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean 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 ability to give your best at 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.

**Are you currently?**

In full time education 🗆 In part time education 🗆 In Employment 🗆 Not in Employment 🗆

**The reason for work experience**

Gaining entry level employment 🗆 Gaining access to higher education 🗆 Part of organised work experience through school or college 🗆 For own sake 🗆