

Work Experience in Nursing Application Form

(INSERT TRUST). Please fill out the form and return to (INSERT EMAIL)

Personal Details

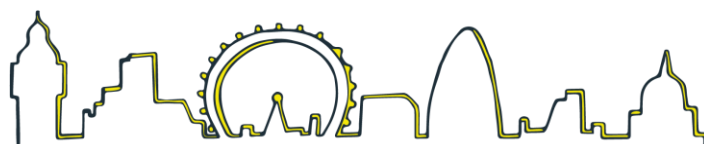
First name:	Surname:	Date of Birth:
Address:	Gender (please tick) Female Male Prefer not to say	Next of Kin Name:
City/Town:		Relationship:
Postcode:		Contact Number/Email:
Applicant Tel:		Applicant Email:

Area of Nursing (please provide dates)

Job/ Roles	½ day Add dates	1 day Add dates	1 week Add dates	Other- duration (e.g. Every Wednesday for 4 weeks) Add dates
Adult Nursing				
Children's Nursing				
Mental Health				
Learning Disabilities Nursing				

Education

<p>Are you (please circle):</p> <p>1. A Student: in Yr10/Yr11/Yr12/ Studying:</p> <p>2. Finished my Studies - Course/s completed</p> <p>3. Not a student but thinking of a career change, interested in finding out about careers in nursing and other health care jobs/careers</p>	<p>Name of School/College/ Job Centre: (if applicable)</p> <p>Address:</p> <p>Telephone:</p> <p>Email:</p>
---	--



Tell us about why you want to do the work experience (please tick)

I am exploring different jobs in health and I want to find out more about these on my work experience.	
I would like a career in nursing in the future and I want to find out more about the job, the training, the day to day work and what's involved before I decide if this job/career is for me (please tick if this is your reason)	
I am on a health and social care course	

Ethnicity (please circle)

WHITE		MIXED		ASIAN or ASIAN BRITISH	
A	British	D	White and Black	H	Indian
B	Irish	E	Caribbean	J	Pakistani Bangladeshi
C	Any other White background	F	White and Black African	K	Any other Asian background
		G	White and Asian		
			Any other mixed background		
BLACK OR BLACK BRITISH			OTHER ETHNIC GROUPS		
M	Caribbean		R	Chinese	
N	African		S	Any other ethnic group- please specify	
P	Any other Black background		Z	Not stated	

Health declaration (please tick)

1. I am not aware of any health condition or disability that would affect my ability to undertake work experience	
2. I do have a health condition or disability that would or may affect my ability to do work experience	
3. Do you have immunity against chicken pox?	
4. Do you have any known allergies? If so do you carry an EpiPen?	
5. Which of the following infectious diseases have you been immunised against? TB <input type="checkbox"/> Meningitis <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Tetanus <input type="checkbox"/> Measles <input type="checkbox"/> Pollio <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis <input type="checkbox"/> Diphtheria <input type="checkbox"/> Other <input type="checkbox"/>	

Declaration (please complete)

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

Print Name: _____ Signed _____ Date: _____

Parent/Guardian Name (If under 18): _____ Signed _____ Date: _____

This information will only be used by the professionals in the organisation supporting the work experience

A member of the Trust will contact you within 4 weeks of your submitted application

