



Liverpool University Hospitals

NHS Foundation Trust

Widening Participation Team
Education Centre
Kent Lodge
Broadgreen Hospital
Thomas Drive
Liverpool
L14 3LB

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 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	
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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 under 18 years old) _____

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Print name: _____

Work Experience Placement Health Declaration

Personal Details of Learner

Name:	Date of Birth:
Address:	
Telephone Number:	

Health Details of Learner:

	Yes	No
1. Do you have any current or past medical problems? If Yes please give details:		
2. Do you receive any regular treatment, medicines, tablets or have any injections? If Yes please give details:		

3. Do you require any support or adjustments to take up a work experience placement with the Trust? If so please state:		
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Details of Immune Status:

1. I confirm that I have been immunised against MMR (Measles, Mumps and Rubella)
YES / NO

2. I confirm that I have had Chicken Pox
YES/NO

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.

Please enclose a print out from your GP to confirm that you have been immunised against MMR. This must be produced in order for you to carry out a work placement.

Signed: **Date:**

Equality and Diversity Monitoring Form

The Royal Liverpool and Broadgreen Hospital 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