**STEP INTO HEALTH WORK EXPERIENCE APPLICATION FORM**

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| **PERSONAL DETAILS** | |
| Surname: | First name: |
| Address: | Contact number: |
| Email address: |
| Postcode: | Date of birth: |
| Armed Forces background: | |
| Career aspirations: | |

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| **PLACEMENT DETAILS** |
| I would like to undertake a Step into Health work experience placement on the following dates:  (please note: individuals are able to do a maximum of 10 days’ work experience – whether the dates are in a block or more spread out) |
| I would like to undertake my Step into Health work experience placement in the following area(s):  (please tick as appropriate)   |  |  |  |  | | --- | --- | --- | --- | | Administrative |  | Porters |  | | Catering department |  | Therapies |  | | Estates |  | Research |  | | IT department |  | Ward-based (healthcare) |  | | Orthotics Production |  |  |  | |

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| **DISABILITIES** |
| Do you have any health condition, disability or learning needs that we should be aware of: YES / NO  If yes, please provide details: |

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| **DECLARATION** |
| You have the responsibility to acquaint yourself with the safety rules of the work place, to follow these rules and make use of the facilities and equipment provided for your safety. It is essential that all accidents are reported.  You must follow all rules and regulations of the Trust, and note that there is a no smoking policy throughout the entire working environment. There will be no payment for meals or travelling expenses.  The Trust fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination.  I have read and understood the above requirements. I understand that if offered a placement, it will be subject to the information given on this form. I agree to work with departmental guidelines and follow instructions given.  Signed: Date: |

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| **EQUAL OPPORTUNITIES MONITORING INFORMATION** | | |
| Gender | Male |  |
| Female |  |
| Marital status | Married |  |
| Separated |  |
| Divorced |  |
| Single |  |
| Widowed |  |
| Ethnic Origin: Please note we are not asking about citizenship or nationality, but the ethnic group to which you feel you belong. Choose one section from (1) to (5) then tick one box.  (1) WHITE  British   Irish   Any other white background (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (2) MIXED  White and Black Caribbean   White and Black African   White and Asian   Any other mixed background (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (3) ASIAN OR ASIAN BRITISH  Indian   Pakistani   Bangladeshi   Any other Asian background (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (4) BLACK OR BLACK BRITISH  Caribbean   African   Any other Black background (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (5) OTHER ETHNIC GROUP  Chinese   Any other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:**

Allen Edwards

People Services

RJAH Orthopaedic Hospital NHS Trust

Oswestry

Shropshire

SY10 7AG