

The Robert Jones and Agnes Hunt Hospital NHS Trust
**Interest in Joining the Bank of Temporary Workers -
AHP & Nursing Students on Clinical Placement**

Section One - To be completed by the Student applicant.

Student Nurse/AHP Name	
Student Nurse/AHP Email Address	
Student Nurse/ AHP Telephone Number	
Course Enrolled onto and cohort year	
University	
Clinical Placement Dates (commenced from and end date)	
Area Clinical Placement in	

I confirm that I wish to join the Trust's Bank of Temporary Workers as a Healthcare Support Worker, and I am willing to complete the Trust's standard application form. I confirm that I am a student enrolled on to a university course (as detailed above) and should these details change, I agree that I will inform the recruitment team prior to any further bank shifts on: rjah.recruitment@nhs.net.

Signed: _____ Print: _____

Date: _____

Section Two - To be completed by Clinical Placement Facilitator.

I confirm that the above Student Nurse/AHP has Clinical Placement(s) at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust arranged with our clinical placement team via the placement team/staff at their university.

Signed: _____ Print: _____

Date: _____