1. Work Experience Application Form*: Applicant's Details

*** Applicants seeking work shadowing opportunities should also complete this form.**

All information will be treated in the strictest confidence. The information you provide will support your application & help Dudley and Walsall Mental Health Partnership Trust find you a placement.
Read & complete all sections in full, please print your answers clearly and legibly.

Introduction

Dudley and Walsall Mental Health Partnership NHS Trust is committed to providing work experience placements wherever possible, however quality of care and patient confidentiality are paramount at all times, so careful consideration has to be given to where work experience applicants can go, when they can come, what they can do and how they will act.

Things to be aware of before completing this application

Age restrictions: standard work experience placements are available for 14 to 18 year olds.

- Between the ages of 14 and 16 we only offer non-clinical work experience placements in office environment based environments, these will be at either Bushey Fields Hospital, Clee Ward or at Trafalgar House; both sites are in the Dudley borough.
- Between the ages of 16 and 18 we may be able to offer a limited range of fully supervised work experience placements in clinical areas.

Other: Allow plenty of time in advance of any placement for all the arrangements to be made and the paperwork to be completed – generally 3 months minimum. Be prepared to be flexible about periods of the year when you can do work experience, as a student you should have a mature outlook and be willing to make the most of the opportunity.

DATE of Application DD/MM/YY	

Please tick or insert 'y' for 'yes' as appropriate to the question below.

14-18 and seeking Work Experience?		Over 18 seeking up to 5 days work shadowing?	

Applicant's Personal Details

Title		Forename		Surname	
Date of Birth dd/mm/yy		Home No.		Mobile	
Email address					
Home Address, including post code					
Next of kin		Relationship to you			
Home No.		Mobile number			

Educational Details (*work shadowing applicants should include most recent educational or work contact details as appropriate)

School/College		Email		Tel.	
Address					

Reference Details (*work shadowing applicants should include educational or work reference contact details as appropriate)

In order to make an offer for a work experience we **must** first obtain a satisfactory educational reference from your school; please provide details of a teacher, or careers advisor etc. who can provide this:

Title		Forename		Surname	
Position		Tel.		Email	

2. Work Experience Application Form: Details of Work Experience Sought

Work Experience Dates

Standard work experience (shadowing) opportunities come in 5 day blocks, Monday to Friday, with dates confirmed in advance of the placement starting. Please list below your 1st preferred work experience date.
If you wish you can add 2nd & 3rd preference dates too if you have some flexibility.

1st Start date DD/MM/YY		End date DD/MM/YY	
2nd Start date DD/MM/YY		End date DD/MM/YY	
3rd Start date DD/MM/YY		End date DD/MM/YY	

Age restrictions

If you are aged 14 and 16 we are only able to offer non-clinical/medical placements working in an office/administration environment.

What age will you be on the date you intend to **start** your work experience placement?	

Work Experience Sought

It is helpful in placing you if you can list 2 or 3 suitable alternatives. Whilst we cannot guarantee a specific placement we will always try and place you in your preferred area.
When listing your choice(s) remember the **age restrictions** on Page 1 & also that clinical opportunities are often limited and cannot be guaranteed – we would advise also listing an office/admin. based alternative.

Area you want work experience: List 2 or 3 preferences only, it will be useful to check the Trust website first: www.dwmh.nhs.uk Due to demand, the limited numbers of available clinical placements are often reserved for those already undertaking studies in related areas.
If you have already agreed placement arrangements with someone, please include their full name and contact details here so we know to go directly to them.

Supporting Information: Supporting information may include hobbies, interests, volunteering you've done or other activities relevant to the application – you should also include any **academic** areas of study relevant to the placement request. This is your opportunity to promote yourself as the best candidate to get the placement.
(Use a separate sheet if needed & send in, include your name in any additional document's subject title).

Goals and Objectives: Describe your personal objectives which you hope to achieve from this placement

All information will be treated in the strictest of confidence.

As a responsible employer we have a duty of care to you, our service users, existing staff and members of the public; carefully read the questions below and ensure you answer them honestly.

Please DO NOT provide us with any specific details on this form

- Read the statements & then answer 'YES' or 'NO' as explained below.
- No answer increases or decreases your chance of having a placement, although failure to answer honestly will result in a placement being withdrawn or terminated.
- As a responsible employer we may need to refer your application to Occupational Health (OH). That does not mean you will not get a placement, it simply means we may have to make accommodations to the placement e.g. the location, modifying responsibilities etc.
- You **must** answer the questions fully and honestly.

PART 1

1. Do you have any illness at the moment?
2. Have you had any other serious illness or operation in the past?
3. Are you taking any prescribed any medication?
4. Is your ability to perform physical work limited in any way?
5. Have you had or been in contact with anyone with an infectious diseases in the last month?

IF NONE OF THESE STATEMENTS APPLIES TO YOU TICK **NO** (No OH Action is required)

IF ONE, OR MORE, OF THESE STATEMENTS APPLIES TO YOU TICK **YES** (Yes OH Action is required)

NO		**YES**	

PART 2

6. Look at the following list of 9 infectious diseases:

1. BCG (Tuberculosis)
2. Diphtheria
3. Measles
4. Meningitis C
5. Mumps
6. Pertussis (Whooping cough)
7. Polio
8. Rubella
9. Tetanus

IF YOU HAVE BEEN IMMUNISED AGAINST ALL OF THEM TICK **NO** (No OH Action is required)

IF YOU HAVE **NOT** BEEN IMMUNISED AGAINST ALL OF THESE OR ARE UNSURE TICK **YES**

NO		**YES**	

Applicant's Signature		Print Name	
Parent / Guardian's Signature if under 18		Print Name	
Dated DD/MM/YY			

If any of these circumstances change from the time of completing this form to the time of the placement starting you must inform the HR dept. immediately on: **01384 324 526 / hrservices@dwmh.nhs.uk**

Office use Only – where the answer indicated to either Part 1 or Part 2 of the questionnaire is 'Yes' then arrange for an OH check to be completed prior to commencement of placement.

4. Work Experience Application Form: Sensitive Patients Procedure

Dudley and Walsall Mental Health NHS Partnership Trust is committed to maintaining an open, honest and well intentioned atmosphere so as to best fulfil the objectives of the Trust and NHS. The Trust therefore requires you complete this declaration to ensure there are no issues that the Trust needs to be aware of, which may potentially compromise either the position of the Trust or you.

Notification of any changes that occur prior to your placement starting should be reported immediately to HR on **01384 324 526 / hrservices@dwmh.nhs.uk** so that any potential compromise can be highlighted and appropriate action taken to resolve the situation.

Are you aware of any of your relatives, or other people known to you, accessing services within Dudley & Walsall Mental Health Partnership NHS Trust?	Yes		No	

If you have answered NO please proceed to the next page.

If you have answered YES, then for each person concerned please state below

Their name(s)	
Their relationship to you or in what capacity you know them.	
Which services they normally access	

Signature		Print Name	
Dated DD/MM/YY			

5. Work Experience Application Form: Student, Parent & Teacher Agreement

As an NHS organisation we are bound by many guidelines and regulations for the safety, dignity and security of staff, service users and others. We expect work experience/work shadowing candidates to abide by these guidelines and the information packs which will be provided to applicants when they join us.

1. The Trust places considerable importance on the need for attention to health and safety at work and other areas of mandatory training. We will provide information on these, your responsibility is to read and follow all guidelines.
2. You must observe other rules and regulations governing the workplace which are drawn to your attention, for example appropriate dress, no smoking policy and security arrangements.
3. The Trust fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
4. There will not normally be payment for meals or travelling expenses.
5. In the course of your work experience you may have access to confidential information about clients, employees or the Trust. It is a condition of this placement that you will not divulge or discuss such information. In addition, patient & staff records must never be left in such a manner that unauthorised persons can gain access to them. Any breach of these rules will be a matter for disciplinary action, which may include the immediate termination of the placement.
6. In the case of personal information which is held on a computer, word processor or similar automatic processing equipment the Data Protection Act has added the force of law to these duties of security and confidentiality. If you use or otherwise come across personal information that is stored on or produced from such equipment, then you are under a legal obligation to ensure that it is not passed on in any unauthorised way or accidentally destroyed or mislaid. In the event of failure to do so, you face the possibility of prosecution over the above disciplinary action. Any doubts or queries you may have about compliance with the requirements of either confidentiality or the Data Protection Act should be raised with your supervisor/manager.

I have read and understood the above requirements & have fully and honesty completed this application.

- **Signature (applicant): Print name: Date:**

Applicant's Signature		Printed name		Date DD/MM/YY	

(Applicants for work shadowing opportunities are assumed to be over 18, otherwise the application will be processed as work experience).

Please ALSO obtain both the following signatures if you are UNDER 18 YEARS OLD.

1. Parent/guardian, if applicant under 18 yrs old:

I have read and understood the above requirements. I will ensure the student carries out these obligations and confirm that he/she is not suffering from any complaint, which might create a hazard to them or to those working with them. I give permission for my son/daughter to attend the placement and observe during his/her visit to Dudley & Walsall Mental Health Partnership NHS Trust

Parent/Guardian Signature		Printed name		Date DD/MM/YY	

2. Teacher, careers adviser, if under 18 yrs old:

I have read this document & give permission for …… to attend the placement and observe during his/her visit to Dudley & Walsall Mental Health Partnership NHS Trust. I also confirm that he/she is currently studying at ……

Teacher/Careers Advisor Signature		Printed name		Date DD/MM/YY	

6. Work Experience Application Form:
Equality and Diversity Questionnaire

As an NHS organisation it's important that we monitor the profile of all our placements, to ensure we are providing equality of access and offer us insights into how to improve access. **All information will be treated in the strictest confidence** but you do not have to answer any sections that you would rather not.

Ethnic origin (please circle)	White British	White Irish
White any other background	Mixed White & Black Caribbean	Mixed White & Black African
Mixed White & Asian	Any other mixed background	Asian/Asian British Indian
Asian/Asian British Pakistani	Asian/Asian British Bangladeshi	Any other Asian background
Black/Black British Caribbean	Black/Black British African	Any other black background
Chinese	Middle Eastern/Arab background	Eastern European
Gypsy/Roma/Traveller	Any other ethnic group	Not Stated

Marital status		Religion/religious belief/or none	

Gender (please circle)	Male	Female	Other

Any disability (please state)	

Sexuality (please state)	

Age (please circle)	Under 18	18 to 29	30 to 39
40 to 49	50 to 59	60 to 69	70 and over

When completed scan and email to **trainingbooking@dwmh.nhs.uk**
INCLUDING YOUR FULL NAME IN THE SUBJECT LINE or post to:
Dudley & Walsall Mental Health Partnership NHS Trust, Learning & Development Dept., Trafalgar House, 2nd Floor, 47-49 King Street, Dudley, DY2 8PS.
Please allow up to 10 working days for a response by email or phone, if the form is not completed fully it will delay & may also affect your application.