

Work Experience Application Form

This application form is for individuals considering careers in medicine, nursing or as a primary care paramedic and seeking work experience in a general practice setting. Applicants must be aged over 16 and cannot be a member of the practice they are applying for. Applicants must commit to attending a pre-course workshop prior to having a 2-3 day placement in practice.

Name	
Gender	
School/College/Current occupation	
Date of Birth	
Home postcode	
Emergency contact name and relationship	
Emergency contact telephone	
Please indicate if you are part of an aspiration raising or widening participation scheme at any university	
Name of scheme	
Name of university	
Please state which GP practice you are registered at (so that we can ensure you are not placed in this practice)	
Name and address of practice	
As part of this scheme we aim to widen participation in our local area. Which of the following widening participation criteria are applicable to you? (tick all that apply) <i>You will not be selected for the program based on these criteria this is for data analysis only</i>	
I am in the first generation of my immediate family to apply to higher education	
I am living, or have previously lived in local authority care	
Have you had any work experience or professional experience in healthcare before? Please give details	
In order to offer a work experience placement you will first need to attend a pre-course workshop where you will learn about confidentiality and how to get the most out of your work experience placement. These sessions will run from 1800 – 2000 at St Thomas Surgery, Exeter. Please rank in order of preference the pre-course workshop you would like to attend. (1-preferred, 6-least preferred, 7-unable to attend date). <i>If, for any reason you are unable to commit to any of these dates please email:</i> d-ccg.workexperienceexeter@nhs.net	
Weds 20 th March	
Tues 16 th April	
Tues 7 th May	
Weds 28 th May	
Weds 26 th June	
Tues 9 th July	

Please provide some approximate dates when you would be able to attend, for example 'the last two weeks in May', 'dates 8th – 11th April'. The more dates you give, the more likely we will be able to offer a placement.

Note: Provisional dates for work experience will be offered subject on applicant attending pre-course workshop

--

Please rank your preferred surgery in terms of preference (1-most preferred, 4-least preferred, 5-if unable to accept placement in this area). If a surgery is unable to offer a placement on your preferred dates the next preferred surgery will be contacted.

Due to confidentiality issues, you may not undertake work experience in the practice where you are a patient.

St Thomas Surgery / Exwick Surgery	
Pinhoe Surgery	
South Lawn Medical Practice	
Barnfield Hill Surgery	

Please indicate in 150 words or less, what you hope to achieve by gaining work experience in a general practice setting.

--

Please confirm you have you have no unspent convictions as below.
If the answer to either of these questions is yes, offer of placement will depend on further discussion and individual practice discretion

Do you have any unspent convictions or are the subject of an ongoing criminal investigation/pending prosecution?	Yes / No
Have you ever been convicted of a criminal offense or have you ever received a caution, reprimand or warning?	Yes / No

I confirm that the information within this form is true and that these are my own words.
I understand that by submitting this application I confirm that I am available and agree to attend a pre-placement workshop in addition to the 2-3 day placement as outlined above.

I also understand that by signing and submitting this form I am agreeing for my name and contact details to be supplied to a GP practice to arrange my placement.

I also agree to provide evaluation feedback as requested throughout my program.

Signed: (electronic signatures accepted)	
Print name:	
Date:	

Please send completed forms to: d-ccq.workexperienceexeter@nhs.net

Participant Consent Form

The following information should be read carefully. If you are unsure about any part of the form please ask.

Confidentiality

It is natural to wish to discuss your experience on a work experience placement with friends and family. However, you must ensure that you do not disclose confidential information that could identify an individual patient or member of staff. You must also let your supervisor know immediately if you know any patient personally.

Risk

Shadowing a clinician carries with it an element of risk. By following the instructions of the person supervising you risk will be minimised. Please make sure that you therefore listen to and follow instructions at all times, particularly when these relate to health and safety issues. To minimise risk of infection, you must also ensure that your standards of personal hygiene are very high. It is essential that you wash your hands at the beginning and end of each session. To minimise risk of infection clothes should be changed daily. You must not under any circumstances handle sharps (needles or other sharp objects) and when in clinical areas should take extreme care where you put your hands and check before you sit down.

Sickness arrangements

If you are unable to attend because of sickness you should inform the practice as soon as possible. It is usually advised not to enter the clinical environment until you are symptom-free of diarrhoea for 48 hours.

Identification and dress code

Depending on the practice you attend they may give you a lanyard or identification badge to wear, which should be worn at all times. All work experience students are expected to wear smart clothes on placement (ties are not necessary). If you are unsure what is appropriate to wear, please ask your surgery or email the work experience coordinator.

I accept the terms and conditions of this placement and have retained a copy:

Signed: (electronic signature accepted)	
Print name:	
Date:	

Please send completed forms to: d-ccq.workexperienceexeter@nhs.net

Privacy Notice

We are committed to ensuring that your privacy is protected and we strictly adhere to the provisions of all relevant Data Protection Legislation, including GDPR, ensuring all personal data is handled in line with the principles outlines in the regulation.

Personal data shall be:

1. Processed lawfully, fairly and in a transparent manner in relation to the data subject
2. Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
3. Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed
4. Accurate and, where necessary, kept up to date
5. Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed
6. Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures

Consent

By consenting to this privacy notice you are giving us permission to access your personal data specifically for the purpose identified.

Consent is required for St Thomas Medical Group (which includes Exwick Surgery), Pinhoe Surgery, Barnfield Hill Surgery and South Lawn Medical Practice to process your data and must be explicitly given.

You may withdraw consent at any time by contacting d-ccg.workexperienceexeter@nhs.net.

Disclosure

St Thomas Medical Group (which includes Exwick Surgery), Pinhoe Surgery, Barnfield Hill Surgery and South Lawn Medical Practice, will not pass your personal data on to third parties without first obtaining your consent.

I accept for my personal data to be held and processed only under the GDPR regulations as above:

Signed: (electronic signature accepted)	
Print name:	
Date:	

Please send completed forms to: d-ccg.workexperienceexeter@nhs.net