

St Barnabas Lincolnshire Hospice Trust



Application for a Work Experience/Shadowing Placement

The Trust welcomes applications from students

At present, we are able to offer programmes as follows (*Please circle the programme you are applying for*):

Work Experience / Work Shadowing

Personal Details:

Title: _____	Surname: _____	Forename: _____
Address for correspondence: _____ _____		
Date of Birth: _____	E-mail: _____	
Telephone: _____	Mobile: _____	
Next of Kin: _____		
Relationship: _____	Telephone: _____	
School/College: _____		
Address: _____ _____		
Teacher/Careers Adviser: _____		
Telephone: _____		
Dates you are available for Work Experience: _____		
Area/Department required: _____		

Previous Work Experience or Employment (if applicable)

Please give details of any previous paid or voluntary work you have had.

St Barnabas Lincolnshire Hospice Trust

Employers' Details	Dates From/To	Duties & Responsibilities

Supporting Information

This is your opportunity to promote yourself, to identify why you would like to gain some work experience in the Trust. Please use this space to provide any supporting information to go with your application. Supporting information can be anything that is not already covered by questions on the form and may include any hobbies, interests or other activities, either within or outside school, which you enjoy (*continue on a separate sheet if necessary*).

Your Health

Confirm whether you have an infectious disease which may affect others (*please circle*)

YES

NO

If the answer is “YES”, your placement sponsor may refer you to the Occupational Health Department for their clearance prior to undertaking the placement.

Disability

Under the terms of the Equality Act 2010, a disability is defined as a “physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

We welcome applications from people with disabilities.

Do you consider yourself disabled? (*Please circle*)

YES

NO

If disabled, would you need any adjustments to enable you to attend for interview or placement?

If YES, please specify: _____

St Barnabas Lincolnshire Hospice Trust

Please obtain the following (if you are under 18 years of age):

Parent/Guardian

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 him/herself or to those working with him/her. I give permission for my son/daughter _____ to attend the placement and observe during his/her visit to St Barnabas Lincolnshire Hospice Trust.

Signature: _____ **Relationship:** _____

Print Name: _____ **Date:** _____

Teacher/Careers Adviser (if the placement is in term time and the student is under 18 years of age)

I have read the work experience programme information and give permission for _____ to attend the placement and observe during his/her visit to St Barnabas Lincolnshire Hospice Trust. I also confirm that he/she is currently studying at _____

Official School Stamp

Signature: _____

Print Name: _____

Date: _____

Please return to the Sponsor, to:

Student, Parent and Teacher Agreement to Trust Requirements

1. The Trust places considerable importance on the need for attention to health and safety at work. You have the responsibility to acquaint yourself with the safety rules of the workplace, to follow these rules and make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, are reported.
2. The Trust will also expect you to observe other rules and regulations governing the workplace, which are drawn to your attention. Please note that there is a no smoking policy covering the whole working environment and that there are security arrangements applicable to most locations.
3. The Trust fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of ethnic origins, gender, disability, age, religion or sexuality.
4. There will not be payment for meals or travelling expenses.

I have read and understood the above requirements.

Signature (Student): _____

St Barnabas Lincolnshire Hospice Trust

Print Name: _____ **Date:** _____

St Barnabas Lincolnshire Hospice Trust



Appendix C – Reference Form

PRIVATE AND CONFIDENTIAL
WORK EXPERIENCE/SHADOWING STUDENT

Applicant's Name:
Date of Birth:
Address:
How long have you known him/her and in what capacity (i.e., pupil, staff member, etc.)?
Do you believe him/her to be honest and trustworthy?
Do you know any reasons why the St Barnabas Lincolnshire Hospice Trust should not offer a Work Experience/Shadowing placement to him/her?
Is there any further information that you would like to give which we may find helpful in making this placement?

St Barnabas Lincolnshire Hospice Trust

Name:	Signature:
Date:	
Please return to Work Experience Sponsor together with an Application for Work Experience/Work Shadowing Placement	

Appendix K

Confidentiality Form

I realise that, as a student on a work experience placement at St Barnabas Lincolnshire Hospice Trust, all matters relating to patients' diagnosis and treatment or information regarding their relatives and carers, are strictly confidential and, in no circumstance, will I divulge such information to any unauthorised person. Should this offence occur, it has been explained to me that I will be dismissed from the Hospice immediately.

Signed:

Date:

In accordance with the Data Protection Act 2018, your data will be used and stored for St Barnabas Hospice Lincolnshire purposes only. We will not share or sell your data. A copy of our latest privacy policy is available on our website and on request.