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| **School Work Experience Application Form**  ***To complete this form save it first. You can use your tab key http://tse1.mm.bing.net/th?id=OIP.M6911533685ca1f8fbcb03163d91528e4o0&w=211&h=134&c=7&rs=1&qlt=90&o=4&pid=1.1or mouse to move between the boxes.***   |  | | --- | | **Section 1 - PERSONAL DETAILS**  Surname       Forename(s)  Date of Birth       Age at time of requested placement  Address        Postcode  Home telephone number       Mobile number  Email address  Next of Kin  Next of Kin contact telephone number |   ***logo_NHSGG&C_%202_colour***  **Please tell us your planned career path eg Adult Nursing**:  *When completing the above section please be as specific as possible as* ***this will help us in trying to source a placement for you.*** *The NHS website* [*www.careers.nhs.scot*](http://www.careers.nhs.scot) *– may help in identifying career choices.*  **Have you found a placement yourself? *Answer Yes or No***  **If YES please complete Section 2**  **If No please complete Section 3**   |  | | --- | | **Section 2 – PLACEMENT SELF FOUND**  If a placement has been agreed, please advise the name of the Workplace Placement Supervisor you have made this agreement with. This agreement is subject to the required paperwork being completed and returned by you. Please include a copy of any correspondence you may have had with this person.  Name for Workplace Placement Supervisor:  Department:  Job Title:       Location:  Email:       Tel no:  Dates agreed: from       to       Total number of days: | |
| **Section 3 – PLACEMENT REQUEST TO BE SOURCED**   1. **Placement Location -** Please identify, in preference order, as many placement options as you can. (**1 being your first choice, 2 being your second choice, etc)**     Gartnavel General    Gartnavel Royal     Glasgow Royal  Inverclyde Royal    Queen Elizabeth University    Royal Alexandra  Royal Hospital for Children    Stobhill ACH    Vale of Leven    Victoria ACH  **Community Services** (includes: District Nursing, Health Visiting, School Nursing, Addiction Teams, Learning Disability Teams, Rehabilitation Teams, Community Dental Services)  East Dunbartonshire    East Renfrewshire     Glasgow City NE  Glasgow City NW    Glasgow City South    Inverclyde  Renfrewshire    West Dunbartonshire  ***Please note that whilst we will endeavour to source a placement***  ***this may not always be possible.*** |
| 1. **Preferred placement dates**- Please state preferred dates for your Work Placement:   from // to //  total number of days requested  **Please note we may not be able to accommodate these dates.** |
| 1. **Previous Placements**   Have you been on any previous placements within NHS Greater Glasgow & Clyde? **Yes**  / **No**  If yes please provide the following information.  Date // Site and department  Date // Site and department |

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| **EDUCATION DETAILS**  School  Address          Postcode  Telephone number       Fax number  Year at school (please tick) **4th**  **5th**  **6th**  Guidance Teacher Name  E-mail address for Guidance Teacher |

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| **SUBJECTS UNDERTAKEN AT SCHOOL** | | | |
| Subject | Grade | Result / predicted result (please specify) | Date |
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| **SECTION 4 – About You**  Statement in support of application – please use this space to tell a little bit more about you e.g. any clubs your involved with, previous work experience, hobbies or any other relevant information |
| Signed:  Date // |
| Please return the completed application to: [workexperience@ggc.scot.nhs.uk](mailto:workexperience@ggc.scot.nhs.uk)  If you are having difficulty completing or returning this form electronically, or require the form in a different format, please contact:  **The Work Experience Team at the email address above or on 0141 278 2700** |