

## Application for Work Experience

***Please ensure all sections are complete before returning:***

Surname :  Forename(s) :  Date of Birth :  Are you related to a member of Trust staff: Yes/No  Name & relationship:  College name:  College postcode:	Home address :    Postcode :  Home telephone number:  Mobile number:  Email address :  Emergency contact number:
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Please Note: Due to a high volume of applications for work experience placements we will only be accepting residents of Southampton and catchment areas. Please supply proof of address: Driving licence, bank statement, mobile phone statement or similar official documentation. If you do not have proof of address we will accept an official letter from your place of study confirming your identity and address.

Preferred placement area:	
Reasons for choosing this area:	
Available dates for placement:	

**For theatre placements you will need to complete an orientation day (information by request). The minimum age for a placement within theatres is 17 years of age.**

**For placement within neonatal medicine or child health you will need to be 18 years of age and have a current DBS disclosure.**

If you have arranged your own placement please provide the following details:

Contact name:	
Department:	
Contact telephone number:	
Contact email address:	

Please give details of any previous work experience with the Trust:

*Extra curricular activities (sports, hobbies, part-time or **voluntary work**)*

**If you are under 18 you will need permission from a parent or guardian.**

**I give permission for my son/daughter to undertake work experience at University Hospital Southampton  
NHS Foundation Trust**

Signed: ----- Print: -----

**UNDERTAKING REGARDING CONFIDENTIAL MATTERS FOR ALL WORK EXPERIENCE STUDENTS**

I, the undersigned, understand that in the course of my work experience in this Trust I may come into contact with, or have access to, confidential information relating to the Health Service, and in particular information regarding individual patients or members of staff.

I understand that misuse of this information, especially of its disclosure to people or agencies not authorised to receive it, would be extremely serious and would result in the termination of my work experience placement. I also understand that the use and security of personal information is subject to the provision of the Data Protection Act and that unauthorised disclosure of personal information is an offence under the Act.

Signed: ----- Date: -----

**Code of practice for work experience students**

**In accordance with the Trust's Moving & Handling Policy, the following will apply to work experience students with patient contact.**

**I, the undersigned, understand that during my placement there will be no 'hands-on' experience or physical patient contact. Any placement will be for observation purposes only.**

Signed: ----- Date: -----

**Please return completed form to:  
Skills for Practice  
B Level, South Academic Block, Mailpoint 210, AB29  
Southampton, SO16 6YD  
Email: [workexperience@uhs.nhs.uk](mailto:workexperience@uhs.nhs.uk)**