

WORK EXPERIENCE WORKSHOP APPLICATION FORM

About This Form	Please complete <u>all</u> sections of the form Applications will not be considered if any section is left blank. Please ensure you put the date of the workshops date you wish to attend on the form. Applications are only accepted from those who live or are educated in Warwickshire
Returning this Form	Email Work.Experience@swift.nhs.uk Post Work Experience, Learning and Development, Support Services Building, Warwick Hospital, CV34 5BW

PERSONAL DETAILS

Name:		Date of Birth:	
Contact Number:		School Year:	
Email Address:		NI Number	
Address:			

Are you at: School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/>	Name of School/College/University:	Course you are undertaking:
Date of Placement:		
Workshop required:		

EMERGENCY CONTACT

Name of Contact			
Contact number		Relationship to you	

To help us monitor the effectiveness of our Equal Opportunities Policy, and for no other reason, we would be grateful if you could fill in the following details:

Ethnic Origin (please select a number from the box opposite)		WHITE	1	BLACK/ CARIBBEAN	10
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to disclose		WHITE BRITISH	2	BLACK/ AFRICAN	11
Do you consider yourself to have a disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose		WHITE IRISH	3	BLACK/ OTHER	12
If you have answered yes to the above, please indicate what disability you have:		OTHER WHITE	4	INDIAN	13
		MIXED WHITE/ BLACK CARIBBEAN	5	PAKISTANI	14
		MIXED WHITE/ ASIAN	6	BANGLADESHI	15
		ASIAN BRITISH	7	CHINESE	16
		ASIAN/ OTHER	8	MIXED	17
		BLACK/ BRITISH	9	OTHER	18

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

Please indicate the option which best describes your sexual orientation

☐ Bisexual ☐ Gay ☐ Heterosexual ☐ Lesbian ☐ I do not wish to disclose this

CONFIDENTIALITY: It is a condition of your work experience placement that should you come into possession of information relating to patients or the personal details of an employee, that you should regard this information as confidential and not divulge it to anyone who does not have the right to such information.

Please sign this form indicating that you understand and accept the above conditions.

Candidate Signature	Date:
Parent Signature (if applicant is under 18)	Date: