

**Medical Work Experience Programme – Application Form 2024**

*Please complete all sections in block capitals and black ink*

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|  **Applicant details** |
| **Last name:** |  |
| **First name(s):** |  |
| **Date of birth:** *(Please note that you must be 16 years of age at the time of the placement taking place).* |  |
| **Home address:** |  **Post code:** |
| **Email address:** |  |
| **Telephone number:** |  |
| **Are you related to an employee of the Trust?** (Please circle)YES NO | If yes, please provide details: |

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|  **Next of kin contact details *(contact details in case of emergency)*** |
| **Name**:  | **Relationship to you:** | **Telephone number:** |

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|  **School/college representative contact details** |
| **Name of school/college:** |  |
| **Address of school/college:** | **Post Code:** |  |
| **Telephone number:** |  |  |
| **Contact details of the Work Experience coordinator:** |
| Name: | Telephone number: | Email address: |

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| **Course dates preference** |
| Please indicate your preferred first and second choice of work experience from the 2 provisional dates, by ticking the corresponding box. If you have no preference, please indicate this by circling the no preference option. We will endeavour to allocate your placement dependent on your preference, but this may not always be possible. |
|  | First choice  | Second choice | No preference |
| **Week 1****24 June – 28 June 2024**  |  |  |
| **Week 2****1 July – 5 July 2024** |  |  |

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| **Educational details** Please list all the subjects/courses taken or being taken including GCSE and post GCSE level.  |
| **Subject** *(e.g., Mathematics)* | **Level** *(e.g., GCSE)* | **Date**  | **Grades Achieved** *(Please indicate with a P if the grade is predicted)* |
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| **Supporting information**This is your opportunity to promote yourself to identify why you would like to gain some work experience in the NHS. Please use this space to provide any supporting information to go with your application. |
| **Please indicate what you hope to do when you leave school/college and explain why this is your chosen career?** |
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| **What do you hope to gain from the Medical Work Experience Programme and how do you think this will help with your chosen career?** |
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| **Please indicate any other relevant information or experience which may support your application for this programme.** |
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| **Declarations** |
| I believe the information I have provided in this application to be accurate and confirm that I wish to be considered for the Medical Work Experience programme |
| **Signature of applicant:** | **Name of applicant:** | **Date:** |

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| **Where the Applicant is under 18 years of age** |
| ONLY COMPLETE THIS BOX IF YOU **CONSENT** TO THE APPLICANT OBSERVING AN OPERATIONI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of Parent/Guardian)*Agree for the above-named applicant to attend the Medical Work Experience programme.By signing this form below, I understand that the above-named applicant **MAY** observe direct patient care within a real clinical situation and that this may include observing a surgical operation in the operating or day case theatres. |
| **Signature of parent/guardian:** | **Name of parent/guardian:** | **Date:** |
| ONLY COMPLETE THIS BOX IF YOU **DO NOT CONSENT** TO THE APPLICANT OBSERVING AN OPERATIONI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Name of Parent/Guardian)*Agree for the above-named applicant to attend the Medical Work Experience programme.By signing this form below, I confirm that **I DO NOT** wish the above-named applicant to observe any operations within the operating or day case theatres. |
| **Signature of parent/guardian:** | **Name of parent/ guardian:** | **Date:** |

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| **School/ college Work Experience coordinator or representative** |
| I confirm that the applicant has discussed their application with me.  |
| **Signature of WE coordinator:** | **Name of WE coordinator:** | **Date:** |

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| **DGFT MWE USE ONLY** |
| Offered place  | Not offered | Wait list | Week 1 | Week 2 |  |

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| **Equality, Diversity, and Inclusion Monitoring Form** |
| Dudley Group Foundation Trust and The Ron Grimley Undergraduate Centre want to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes only. If you have any questions about the form, contact **dgft.medicalwork.experience@nhs.net** |

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| **Gender**  |
| **Please indicate which gender you currently identify with:** |
| Intersex |  | Female |  | Non-Binary |  | Male |  |
| Other (please specify) |  | Prefer not to say |  |
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| **Is the gender you identify with now the same as your gender registered at birth?** |
| YES |  | NO |  | Prefer not to say |  |

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| **Ethnicity** |
| **Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. These groups have been adapted from those used by ACAS. Please tick the appropriate box:** |
| **Asian or Asian British** |
| Bangladeshi |  | Chinese |  | Indian |  | Pakistani |  |
| Other *(please specify)* |  | Prefer not to say |  |
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| **Black, Black British, African or Caribbean**  |
| African |  | Caribbean |  |  |  |
| Other *(please specify)* |  | Prefer not to say |  |
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| **Mixed or multiple ethnic groups** |
| Asian and African |  | Asian and Caribbean |  |
| Asian and White |  | Black African and White |  |
| Black Caribbean and White |  |  |  |
| Other (*please specify)* |  | Prefer not to say |  |
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| **White** |
| British |  | English |  | European |  | Irish |  |
| Northern Irish |  | Scottish |  | Traveller |  | Welsh |  |
| Other (please specify) |  | Prefer not to say |  |
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| **Another ethnic group not previously specified *(please specify below*)** |
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| **Prefer not to specify** |  |  |

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| **Sexual Orientation** |
| **Please indicate which orientation you identify with by ticking the appropriate box:** |
| Asexual |  | Bisexual |  | Gay |  | Heterosexual |  |
| Lesbian |  | Pansexual |  | Transexual |  | Undecided |  |
| Other *(please specify)* |  | Prefer not to say |  |
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| **Disability or long-term health condition** |
| **Please indicate if you consider yourself to have a disability or long-term health condition, by ticking the appropriate box. This information is for monitoring purposes only. If you are accepted to the Medical Work Experience programme and believe you need a ‘reasonable adjustment’, an opportunity to discuss this with the MWE coordinator will be provided.** |
| YES |  | NO |  | Prefer not to say |  |  |  |
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| **Please indicate the effect your disability or long-term health condition could have during the Medical Work Experience Programme:** |

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| **Religion or spiritual beliefs** |
| **Please indicate what religion or spiritual belief system you identify with:** |
| Atheist |  | Agnostic |  | Buddhist |  | Christian |  |
| Hindu |  | Humanist |  | Jewish |  | Muslim  |  |
| Pagan |  | Sikh |  | Spiritualist |  | Do not identify |  |
| Other *(please specify)* |  | Prefer not to say |  |
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This form should be returned to the following address by **31st March 2024:**

**Medical Work Experience Coordinator, Undergraduate Centre, North Block 2nd Floor.**

**Russells Hall Hospital,**

**Pensnett Road,**

**Dudley,**

**West Midlands,**

**DY1 2HQ**
Forms can also be scanned and emailed to **dgft.medicalwork.experience@nhs.net**
**Application forms received after this date will not be considered and forms without completed signatories will be returned to the applicant.**

**Application forms are kept for a 6-month period from the date of Work Experience taking place and are then destroyed.**