

School Work Experience Application Form



To complete this form save it first. You can use your tab key or 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

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 – 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

a) 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.

b) 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.

c) 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

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

SUBJECTS UNDERTAKEN AT SCHOOL

Subject	Grade	Result / predicted result (please specify)	Date

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

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