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| **WORK EXPERIENCE ENQUIRY FORM** |

Please complete this form fully and accurately. **This form should be completed and submitted to us to request any sort of work experience placement.**

The information provided on this application form will remain private and confidential and will be used in connection to your work experience placement only.

Thank you for your interest in undertaking work experience with Birmingham Hospice.

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| **Personal Details** | | | |
| **First Name(s)** |  | **Surname** |  |
| **Address including Postcode** |  | | |
| **Contact Number** |  | | |
| **Email Address** |  | | |

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| **Work Experience Details (EDUCATION PLACEMENTS ONLY)** | | | |
| **Name of School / College / University** |  | | |
| **Address including Postcode** |  | | |
| **Course Title / Subjects** |  | | |
| **Name of Contact or Tutor** (School / College / University |  | | |
| **Phone Number:** |  | **Email address:** |  |
| **Requested dates for work experience placement:** | | | |
| **Date From:**  (dd/mm/yy) |  | **Date To:**  (dd/mm/yy) |  |
| **Preferred Days of week**  (e.g. Mondays only) |  | **Length of work experience**  (Maximum 2 weeks) |  |

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| **Site you would like to visit**  *(mark as required)* | | Birmingham Hospice - Erdington | | | Birmingham Hospice – Selly Park | | | | | Shop Location *(please specify location)* | |
|  | | | | | | | | | | | |
| **Area you would like to visit**  *(mark as required)* | | Living Well Centre | | Allied Health Professionals – Pharmacy, Physio | | | | IT | | | |
| Human Resources | | Fundraising | | | | Wellbeing Team | | | |
| Facilities | | Finance | | | | Retail | | | |
| Reception / Hive Cafe | | Other (please state) | |  | | | | | |
| **N.B. We will try our best to accommodate your preferences.** | | **N.B. We do not offer work experience in our In Patient Unit.** | | | | | | | | | |
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| **How does this Work Experience placement relate to your current education or career aspirations?**  *(please provide sufficient detail about your interests, relevance to study and future career aspirations)* | | |  | | | | | | | | |
| **What specific objectives would you like to achieve or skills would you like to develop from your work experience?** | | | | | | | | | | | |
| **1)** | | | | | | | | | | | |
| **2)** | | | | | | | | | | | |
| **3)** | | | | | | | | | | | |
| **Additional Information**  **Please provide any other information which you feel might support your application:** | | | | | | | | | | | |
| Please read and confirm the statements below. If you are unable to meet these criteria, please contact us via askhr@birminghamhospice.org.uk or 0121 387 4444 with more details as we may still be able to accommodate your request. | | | | | | | | | | | | |
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| **Confidentiality** | | | | | | | | | | | | |
| I understand I may have access to information about Hospice services, users and staff during the course of my placement. I understand and accept that such information is confidential and agree not to divulge it. | | | | | | | | | | | *Yes/No* | |
| **Health and Safety** | | | | | | | | | | |  | |
| I accept that I have a responsibility to protect my own health and safety and that of others in the workplace during this placement and will follow the direction of those supervising me. | | | | | | | | | | | *Yes/No* | |
| **Declaration** | | | | | | | | | | | | | |
| I confirm that to the best of my knowledge the information and the responses I have given are correct. I consent to the Hospice using and keeping information I have provided in this Work Experience application.  I understand that the information provided will be used to make a decision regarding my suitability for Work Experience. | | | | | | | | | | | | | |
| **Applicant signature** |  | | | | | | **Date** | |  | | | | |
| **Once Completed** | | | | | | | | | | | | | |
| Please e-mail your completed application form to [askhr@birminghamhospice.org.uk](mailto:askhr@birminghamhospice.org.uk) for consideration. | | | | | | | | | | | | | |