

Application for Pre-Medical School Application Work Experience Programme

Blackpool, Fylde and Wyre NHS Hospitals Foundation Trust has agreed to provide a programme for students, aged 17 years old and above, in order to assist them towards their application to Medical School and a future career in the NHS.

The Trust has a structured programme with clear objectives to ensure the best possible experience for students. The Trust will endeavour to ensure that students are protected from experiences which may be unpleasant. Due to the acute nature of the clinical areas however, the Trust cannot guarantee this.

Guidelines have been drawn up to minimize risk of exposure to situations which may adversely affect students on the programme.

Please ensure that the student and parent/guardian are fully aware of this and consent to the programme.

PERSONAL DETAILS:

1. Forename(s) _____ Surname _____ M / F

2. Permanent Address

_____ Post Code _____

3. Telephone No _____ Mobile _____

4. Email Address _____

Please state preferred method of contact (delete as appropriate) Post /Email/Telephone

5. Date of Birth _____ Age _____

6. School / College attending (If in employment please go to 7)

Subject being studied _____

Please specify which medical schools you are considering applying to:

7. Employer's name and address

Nature of Business _____ Your role _____

APPLICANT TO COMPLETE

I, agree to take part in this programme should it be offered to me and abide by the conditions contained in the Learner Agreement. I am aware of the acute nature of work undertaken and that I may be exposed to unexpected situations.

I will hold in confidence any information whatsoever about the employer or patients which I may obtain during the programme. I understand that if I breach confidentiality during the programme it will be terminated immediately.

I understand that the work programme, if offered, will be subject to the information given on this form being correct and that any information that is found to be incorrect, or I breach a confidentiality after the programme, that it may affect my application to medical school.

I accept that a placement will be subject to satisfactory medical clearance and I include my completed Occupational Health Questionnaire in the envelope provided.

8. Rehabilitation of Offenders Act

Because of the nature of the work experience for which you are applying, the NHS is exempt from the provisions of section (2) of the Rehabilitation of Offenders Act 1975. Applicants are therefore required to disclose any criminal convictions, bindovers or cautions. Any information given will be considered only in relation to an application for positions to which the order applies.

Do you have any Cautions, Bindovers or Convictions for criminal offences?

Yes No

If "Yes" please give details _____

Do you have any police investigations pending that may lead to the above?

Yes No

If "Yes" please give details _____

Signature _____

Date _____

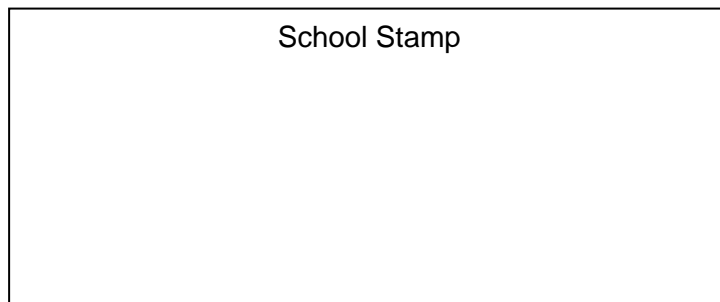
9. School to complete if applicant is in full time education

I confirm thatis a student at this school and that I support the application for a place on the Pre-Medical School Application programme.

I also confirm that time away from school is not required as the programme will be offered during school holidays.

Signed _____ Name _____

Position _____



10. PARENT / GUARDIAN TO COMPLETE (if applicant is under 18)

As parent / guardian of the student named above, I have read and understood this form and agree to his / her taking part in this programme. I am aware that whilst minimizing risk of exposure to unexpected situations, the Trust cannot guarantee this.

Name..... Signature Date.....

11. EMERGENCY CONTACT DETAILS

(Please fill in the details of somebody we could contact on your behalf in the event of an emergency)

EMERGENCY CONTACT NAME:	
RELATIONSHIP:	
ADDRESS:	
TELEPHONE:	MOBILE:

If successful in your application, the information given on this form will be treated in a secure and confidential manner, under the terms of the Data Protection Act 1984.

The information will also be held on a secure database within the department. If you do not wish for us to hold on to the information for longer than the immediate purposes of the programme, please tick the box.

Please return to:

Julie Summers
Undergraduate Manager
Education Centre
Blackpool Teaching Hospitals NHS Foundation Trust
Whinney Heys Road
Blackpool
FY3 8NR