

## Appendix 3

### Application for Work Experience

Please complete this application form in black ink and enclose a covering letter, a copy of your CV and 2 references with the application. Information will be treated in the strictest confidence by the supervisor responsible for the placement. NB: Work Experience includes work shadowing and observation

#### Personal Details

Title		Surname	
Forenames			
Address for Correspondence			
Postcode			
E-mail address			
Telephone No		Date of Birth	
School/College/University (if applicable)			
Address			
College/University Course attending (If applicable)			
Careers Advisor: (If Applicable)		Tel No	
Tutor Teacher: (If Applicable)		Tel No	

Requested Dates of Work Experience, Monday - Friday (Max 1 week) please give three preferences  
Area/Dept required:

.....

Please note if you are offered a work placement you will be expected to sign an Agreement for Unpaid work experience and comply with the terms of this Agreement.

### **Previous work Experience or Employment**

Please give details of any previous paid or voluntary work you have had or clubs or societies you belong to: (E.g. Red Cross/St John Ambulance/Scouts/Guides/Duke of Edinburgh Awards)

Employers/Club/Society Details	Dates From/To	Job Description/Main Activities

### **Other Relevant Information**

Please provide information in support of your application, continue on a separate sheet if necessary:

Include your career aspirations

Why you wish to undertake work experience in the NHS

What subjects you are currently working towards

**EQUAL OPPORTUNITIES POLICY**

Bedford Hospital NHS Trust commits itself to promoting equality of opportunity in all aspects of employment including work experience.

The information you give will be treated in the strictest confidence and used for statistical purposes only. It will in no way affect the consideration of your application for employment/work experience placement.

Under the terms of the Equality Act 2010 a disability is defined as a physical or mental impairment which has a substantial and long-term effect on the ability to carry out normal day-to-day activities.

Do you consider yourself disabled

Yes

No

If YES please give a brief details of your disability -

Registration Number (if applicable)

If Disabled would you need any adjustments to enable you to attend for interview or placement

Yes

No

If YES please specify -

1.7 Ethnic Origin			
A	White British	B	White Irish
C	White Other (Please specify*)	D	Mixed White/Black Caribbean
E	Mixed White/Black African	F	Mixed White/Asian
G	Mixed Other (Please specify*)	H	Indian
J	Pakistani	K	Bangladeshi
L	Other Asian	M	Black Caribbean
N	Black African	O	Black Other (Please specify*)
P	Chinese	R	Philippino
S	Other (please specify*)	Z	Not stated
* If other please specify:			

**Student, Parent and Teacher Agreement to Trust Requirements**

The Trust places considerable importance on the need for attention to Health and Safety at work. You have the responsibility to acquaint yourself with the safety rules of the work place, to follow these rules and to make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, be reported.

The Trust will also expect you to observe other rules and regulations governing the workplace, which are drawn to your attention. Please note that there is a No Smoking Policy covering the whole of the hospital buildings and grounds and that there are security arrangements applicable to most locations.

The Trust is committed to equal opportunities and will not discriminate on the grounds of ethnic origin, gender, disability, age, religion or sexual orientation.

There will be no payment for meals or travelling expenses.

I have read and understood the above requirements

Signed (student): ..... Date: .....

**Parent/Guardian (If under 18 yrs):**

I have read the work experience/observation programme information and understood the requirements. I will ensure the student carries out these obligations and confirm that he/she is not suffering from any complaint or infectious disease, which might create a hazard to him/herself or to those working with him/her. I understand that some areas within Health Service work are sensitive and may be upsetting. Whilst we take every step possible to avoid any student seeing upsetting incidents, some situations are beyond our control. This placement is offered only on this understanding.

I give permission for my son/daughter (name) ..... to attend work experience.

Signature: ..... Date: .....

**School Careers Advisor (if under 18 yrs):**

I give permission within for (name) .....to attend work experience within Bedford Hospital NHS Trust. I have read the work experience programme information.

I also confirm that he/she is currently studying at: .....

Signature: ..... Date: .....

## Appendix 4

### CERTIFICATE OF CONFIDENTIALITY

**Your personal responsibility concerning security and confidentiality of information (relating to patients, staff and the organisation)**

During the course of your placement you may acquire or have access to confidential information which must not be disclosed to any other person.

This condition applies during your relationship with the Trust and after the relationship ceases.

Confidential information includes all information relating to the Trust and its patients and employees. Such information may relate to patient records, telephone enquiries about patients or staff or methods of communication, use of fax machines, hand-written notes containing patient information etc.

If you are in doubt as to what information may be disclosed, you should check with a manager.

The Data Protection Act 1998 regulates the use of computerised information and paper records of identifiable individuals (patients and staff). The Trust is registered in accordance with this legislation. If you are found to have made an unauthorised disclosure you may face legal action.

***I understand that I am bound by a duty of confidentiality and have read the Confidentiality Code of Conduct. I agree to adhere to this Code of Conduct and the requirements of the Data Protection Act 1998.***

STUDENTS 'S NAME (print):	
SIGNATURE:	
DATE:	

- Access to all of the Trust's (Bedford Hospital) computer systems are controlled by the issue of usernames and passwords.
- Passwords will only be issued to persons who have been identified by the Heads of Departments or under exceptional circumstances, the relevant Computer System Manager.
- Passwords must be treated as private and confidential and not disclosed to any other person under any circumstances. A breach of this confidentiality will make the Trust liable under the Data Protection Act, will be treated seriously by this Trust, and could lead to disciplinary action.
- Passwords will only be issued AFTER appropriate training has been provided

Any questions relating to information security in general or confidentiality of patient data should be addressed to the Information Governance Manager

## Appendix 5

### Occupational Health Clearance

#### *Confidential Pre-placement Health Questionnaire*

Last Name:.....

First  
Name:.....

Date of Birth:.....

Home Addresses:.....

.....

.....

Post Code:.....

Telephone Number:.....

Job placement:.....

#### **Please answer the questions below (circle 'yes' or no')**

1. Do you have any illness or disability at the present time? Yes No  
If yes, please give details:  
.....
2. Have you had any other serious illnesses or operations in the past? Yes No  
If yes, please give details:  
.....
3. Are you taking or being prescribed any medicines, inhalers, injections or eye/ear drops at the present time? Yes No  
If yes, please give details:  
.....
4. Is your ability to perform physical work limited in any way? Yes No
5. Have you had or been in contact with any infectious disease in the past four weeks? Yes No
6. Do you have any allergic reactions to food? Yes No  
If Yes, please give information:

- .....
- .....
7. Have you ever had local reaction or swelling/itching following a medical/dental examination with latex gloves? Yes No
8. Have you lost time from school due to a long term illness in the past two years? Yes No
9. Do you suffer from, or have had mental illness or nervous problems, depression or anxiety, even if mild? Yes No
10. Do you suffer from Asthma or Hay fever? Yes No
11. Do you suffer from Diabetes or Epilepsy? Yes No
12. Do you suffer from Fainting attacks, attacks of dizziness or blackouts? Yes No
13. Do you have difficulty with hearing/wear a hearing aid? Yes No
14. Which of the following infectious disease have you been immunized against? (please tick all that apply)

- |                          |                    |                          |                            |
|--------------------------|--------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | BCG (Tuberculosis) | <input type="checkbox"/> | Pertussis (Whooping Cough) |
| <input type="checkbox"/> | Diphtheria         | <input type="checkbox"/> | Polio                      |
| <input type="checkbox"/> | Measles            | <input type="checkbox"/> | Rubella                    |
| <input type="checkbox"/> | Meningitis         | <input type="checkbox"/> | Tetanus                    |
| <input type="checkbox"/> | Mumps              |                          |                            |

Signature:.....

Date:.....

Parent/Guardian's Signature if under 18:

.....

**If any of the above circumstances change from the time of completing the form to the time of placement, you MUST inform you supervisor/Occupational Health immediately.**

## Appendix 6

### Agreement in relation to Unpaid Work Experience or Other Placement

**NAME:** .....

You are undertaking a period of work experience at the Trust. The work of the Trust involves health and safety critical environments and also, in its dealings with the public, the handling of highly sensitive and confidential information. For these reasons, it is necessary to ask you to sign this document, to ensure you act appropriately within the Trust and respect Trust staff and patients. The Trust requires that you maintain the confidentiality of any information you may acquire during the course of, or arising from your work experience placement.

During the period of your work placement you will not be regarded as an employee of the Trust, or be eligible for remuneration or other employee benefits.

This document covers you for the entire period of your unpaid work experience with the Trust, between the following dates (not to include Saturday or Sunday).

**From:** .....

**To:** .....

**Department:** .....

**Authorised by:** .....

Please read the attached pages carefully, sign both copies of this letter, and then return **one** copy to the Supervisor (in the envelope provided). Please also read the handbook issued with this letter before your work experience placement commences.

### **TERMS**

**Duties/Work:** You will be told the area you will be placed in and the duties you will be expected to undertake on arrival at the Trust. You will be responsible to a supervisor and if you have any difficulties you must speak to him/her.

**Hours:** To be agreed with your supervisor, you are entitled to a half an hour break during your working day.



**Sickness/Time off:** If you are unable to attend your placement because of sickness or for any other reason you should inform the supervisor as soon as possible. You should keep the supervisor informed as to the likely date of return. You must inform the supervisor of any planned holidays during the work placement period.

**Security Badges:** It is a requirement that every person displays a name badge & identification badge when working on any site associated with the Trust. You will be required to attend Medical Staffing or Recruitment on your first day and bring a passport sized photograph for the ID badge. If you do not bring the passport photograph then you will not be allowed onto Trust premises until one is supplied. You must display this at all times whilst on Trust premises. The ID badge will be returned to Medical Staffing or Recruitment on your last day of work experience no later than 16.45

**Dress/Appearance Code:** If you are not provided with a uniform you need to remember that what you wear reflects your School/College and the Trust. Clothing should be of a smart, professional appearance; **denim, leather and suede are not suitable and are not permitted.** Minimal jewellery should be worn. Shoes should be comfortable, with a low heel and the toe covered, no sling backs. No trainers are permitted. Hair should be tidy. Long hair should be securely tied back. Protective clothing such as aprons and gloves must be worn in accordance with Trust policies in relation to infection control and food handling. Ties are not allowed for infection control purposes and all sleeves should be above the elbow.

**Confidentiality:** All information you obtain during your work placement is confidential. In particular information relating to the diagnosis and treatment of patients, individual staff and/or patients records, and details of contract prices and terms must under no circumstances be divulged or passed on to any other unauthorised person. Patients must be treated with dignity and respect at all times. ***You must not discuss the names of patients with anyone outside the department in which you are placed. If you are given any documents that contain patient information, you should ensure this patient information is handed back to an appropriate person or put into Confidential Waste before you leave the department. You must not photocopy or keep copies of any such document.***

**The Health and Safety at Work Act:** Under the Health and Safety at Work Act 1974, you have a duty to take reasonable care to avoid injury to yourself and to others. To this end, you must comply with the Trust's Health & Safety policy in meeting the statutory requirements. Please ensure you are familiar with the Department's Fire Procedure, which will be communicated to you by the supervisor.

Ensure you are aware of where the fire exits are; be aware of any potential hazards such as an obstruction in the corridor. If you see spilt liquids on the floor, inform a member of staff who can arrange for this to be cleaned up.

**Loss/Damage of Personal Effects:** No liability will be accepted for loss or damage to your personal property whilst on Trust premises whether as a result of burglary, fire, theft or otherwise. You are advised not to bring personal property with you other

than that necessary to carry out any duties assigned to you. You may wish to provide your own insurance cover for any property you do bring with you to the Trust. Under no circumstances must Trust property be removed from the premises unless it is with the prior approval of the supervisor.

It is strongly suggested that you do not bring anything of value with you to the Trust, as there may not be a secure place for you to lock any items away.

**Equal Opportunities:** The Trust believes in, and actively seeks to promote, equal opportunities. You are required to behave in a professional manner and to treat colleagues, patients, members of the public or other staff with dignity and respect. Any discrimination on the grounds of race, sex, religion or belief, sexual orientation, disability or age will not be tolerated. You should refrain from inappropriate language, jokes and be aware of inappropriate non-verbal behaviour. If you think another member of staff or patient is behaving in a discriminatory manner you should raise this with your supervisor.

### **For the Attention of the Supervisor**

If a student states that they have an infectious disease which may affect others during their placement the supervisor and student must contact the OH department for advice prior to being accepted on any placement

### **Form of acceptance**

I accept this Work Experience placement on the terms outlined. I have read and signed the Health Declaration Document, read the handbook and terms issued and agree to abide by them. If you are unsure about any aspect of this agreement or your placement please do not hesitate to contact either your supervisor on sight or Medical Staffing/Recruitment & Resourcing

I have signed and retained a copy of this Agreement and sent a copy to the WorkExperience team.

**Signed by Work Experience individual:**

**Please PRINT your Name:**

**Dated:**