**2019 Work Placement Scheme Application Form**

**Please return this form to the People and Organisational Development team at** **PHW.WorkPlacements@wales.nhs.uk**

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| Details |
| Title |  |
| Forename |  |
| Surname |  |
| Address |  |
| Age | **Under 16** |  | **16 -18** |  | **Over 18** |  |
| Email address |  |
| Phone number |  |
| Any special requirements |  |
| First language |  |
| College/School/University/other |  |
| Location |  |
| Subjects being studied |  |
| Year of study |  |
| Contact name (teacher/career advisor/other if applicable) |  |
| Next of Kin |  |
| Contact in case of emergency |  |

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| Would like to attend…. |
| Dates | *Please indicate dates between 3 June and 12 July, as noted within the specific advert.* |
| Placement applying for (please select no more than 3 placements) | 1000 Lives – Business and planning team  |  |
| 1000 Lives – Capacity and Capability team  |  |
| 1000 Lives – Patient Safety team |  |
| BC Local Public Health team |  |
| Swansea Bay Local Public Health team |  |
| Finance and Strategic Planning and Performance |  |
| Microbiology |  |
| Policy, Research & International Development team (PRID) |  |
| Communications |  |
| People & Organisational Development |  |

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| Personal Statement (max 250 words) |
| *In this section give reasons to why you want a work placement with Public Health Wales, what you would like to achieve from your placement and why you have applied for the department to have your placement in.* |

1. Have you ever been convicted of a criminal offence?
2. Do you have any charges pending in relation to a criminal offence?

If yes please supply details on a separate sheet.

If you have declared yes to either question and we believe this to have a bearing on the requirements of the placement, we will discuss the matter with you.

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| Declarations |
| Student, Parent and teacher agreement to NHS organisation requirements1. The NHS organisation 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 make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, are reported.2. The NHS organisation 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 working environment and that there are security arrangements applicable to most locations.3. The NHS organisation fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of ethnic origins, gender, disability, age, religion or sexuality.4. There will be no payment for meals or travelling expenses.I have read and understood the above requirements.Please state your age under 18\_\_\_18 +\_\_\_ |
| Signature |  | Print |  |

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| **Please obtain the following signatures: (under 18yrs.)** |
| **Parent/Guardian (if under 18 years old)** |
| I understand the requirements of this placement. I will ensure the student carries out these obligations and confirm that he/she is not suffering from any complaint, which might create a hazard to him/herself or to those working with him/her. I give permission for my son/daughter to attend the placement and observe during his/her visit to Public Health Wales. |
| Signature |  | Print |  |

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| **Teacher (if under 18 years old)** |
| I have read the work experience programme information and give permission for the named person to attend the placement and observe during his/her visit to Public Health Wales.I also confirm that he/she is currently studying at |
| Signature |  | Print |  |

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| Queries regarding your data and how it will be kept/used, please contact Katie Donelon – Risk & Information Governance Manager on 02920 104308 |
| Queries regarding Health and Safety, please contact Nicola White – Health & Safety Lead on 01792 940952 |

**Please note:** Places are limited and will/may be allocated on a first come first served basis. Please be aware that although a place may be given, the nature of the business is that emergencies may arise and the placement may be cancelled at short notice.

# **Equality Monitoring**

This optional section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who may be interviewing or working with you. The information collected contains no personal information and is used to assist Public Health Wales in recording and monitoring applications, shortlists and placements and will support our obligations under the Equality Act 2010. **You do not have to complete this form.**

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| Please state your date of birth |  | Are you currently pregnant or have you been pregnant in the past year? |
| Please indicate your gender | 🞎 Male 🞎 Female 🞎 I do not wish to disclose this  🞎 Is your gender identity the same as the gender you were assigned at birth? | 🞎 Yes 🞎 No 🞎 I do not wish to disclose this  |

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| Please indicate the option which best describes your marital status |
| 🞎 Married🞎 Single🞎 Legally separated | 🞎 Divorced🞎 Widowed🞎 I do not wish to disclose this | 🞎 Civil partnership🞎 Separated - Civil partnership🞎 Dissolved - Civil partnership🞎 Surviving - Civil partnership |

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| Please indicate the option which best describes your sexual orientation |
| 🞎 Other🞎 Gay / Lesbian🞎 Bisexual | 🞎 Heterosexual / Straight🞎 I do not wish to disclose this |

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| Please indicate your ethnic origin: |
| **Asian or Asian British**🞎 Bangladeshi 🞎 Indian🞎 Pakistani🞎 Any other Asian background**Black or Black British**🞎 African🞎 Caribbean🞎 Any other Black background | **Mixed**🞎 White & Asian🞎 White & Black African🞎 White & Black Caribbean🞎 Any other mixed background**White**🞎 British 🞎 Irish🞎 Any other White background | **Other Ethnic Group**🞎 Chinese🞎 Arab🞎 Gypsy / Traveller🞎 Any other ethnic group🞎 I do not wish to disclose this  |

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| Please indicate your religion or belief: |
| 🞎 No religion/belief🞎 Buddhism 🞎 Christian  | 🞎 Islam🞎 Sikhism🞎 Judaism | 🞎 Hinduism🞎 Other 🞎 I do not wish to disclose this |

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| Are your day-to-day activities limited due to a health problem or disability which has lasted, or is expected to last, at least 12 months? | 🞎 Yes 🞎 No🞎 I do not wish to disclose this information |