

# NHS Shetland Application for Work Experience



<u>Personal Contact Details</u>		
Name: .....		
Address: .....		
.....		
Postcode: .....	Telephone Numbers:	
Email: .....		Home: .....
.....		Mobile: .....
	Work: .....	

<u>Emergency Contact Details</u>		
Name: .....	Relationship: .....	
Address: .....		
.....		
Postcode: .....	Telephone Numbers:	
		Home: .....
		Mobile: .....
	Work: .....	

<u>Name of School/Collage/Training:</u> .....	<u>Name of Head Teacher/School Contact:</u> .....
<u>Address:</u> .....	.....
.....	.....
.....	
<u>Postcode:</u> .....	<u>Telephone Number:</u> .....
.....	.....

Please provide details of any dates that you would **not** be available for a work experience placement.

Signature of Applicant:..... Date: .....

Print Name: .....

Please indicate the career you are considering following and the type of experience you are seeking. Continue on a separate sheet of paper if necessary:

Further Information: Give details of other skills or experience relevant to your work experience and your reason for choosing NHS Shetland.

Disclosure Scotland - Part V Police Act 1997.

The aim of Disclosure Scotland is to enhance public safety and to help employers make safer recruitment decisions. NHS Shetland requires that all paid staff and volunteers complete a Disclosure Application for an Enhanced Disclosure. Any information given will be strictly confidential. A criminal record need not stop you from doing voluntary work but may affect the tasks offered. .

*\* Delete a) or b) as appropriate*

a) I have no previous criminal convictions

b) I have previous convictions, these are as follows:

	Offence	Sentence	Dates
1			
2			
3			

DATA PROTECTION ACT 1998 – WORK EXPERIENCE CONSENT

NHS Shetland will retain the data that you have provided within the work experience procedure. This information will be held in-line with the Data Protection Act 1998. Individual details will not be passed on to any other organisation without prior consent.

<b>Application for:</b>	<b>Work Experience</b>
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**Equal Opportunities Monitoring**

The information you provide in this part of the form (Part D) is confidential and is not used in the selection process. It will be separated from the rest of the form when we receive it.

**Which one of the following best describes your gender?**

Male  Female  In Another Way  Prefer not to say

If you describe your gender with another term, please provide this here

**Do you consider yourself to be a trans person?**

Yes  No  Prefer not to say

Trans is an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth.

**What is your age?**

I am \_\_\_\_\_ years old, and my date of birth is:

**Do you have a physical or mental health condition or disability that:**

- has a substantial effect on your ability to carry out day to day activities?
- has lasted or is expected to last 12 months or more?

Yes  No  Prefer not to say

- If you answered 'yes' please tick if it is either of the following:

Learning Disability	<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>
Long standing illness	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>		

Other (please describe):

- Again, if **yes**, please describe any particular arrangements you would need for your work location:

**What is your nationality?**

a) Nationality at birth	
b) Present nationality	

### What is your ethnic group?

Choose **one** section from A to F, then **tick** the appropriate box to indicate your cultural background

**A: White**       Scottish       Irish       Other British  
 Any other White background

**B: Mixed**       Any mixed background

**C: Asian; Asian Scottish; Asian British**

Pakistani       Indian       Chinese  
 Bangladeshi       Any other Asian background

**D: Black; Black Scottish; Black British**

Caribbean       African  
 Any other Black background

**E: Other ethnic background**

Any other background

### To which religion, religious denomination or body do you actively belong?

(Christianity) - Church of Scotland       Hinduism  
 (Christianity) - Roman Catholic       Sikhism  
 Christianity (other)       Judaism  
 Other faith / belief       Islam  
 Buddhism       No religion (none)  
 Prefer not to answer

### Which of the following best describes your sexual orientation?

Heterosexual/straight       Bi/bisexual  
 Gay/lesbian       Prefer not to say

If you prefer to use another term, please provide this here

### DATA PROTECTION ACT 1998 – VOLUNTEER CONSENT

**NHS Shetland uses a database of all the people who volunteer within the organisation. This information will be held and registered under the Data Protection Act 1998. Individual details will not be passed on to any other organisation without prior consent. I hereby give permission for my details to be stored in the Volunteer Database. Read, agreed and understood (check box)**

Please return this form once completed to:

HR Department, NHS Shetland Board Headquarters, Upper Floor, Montfield, Burgh Road, Lerwick, ZE1 0LA

## **Work Experience Agreement**

Work experience is an important and valued part of NHS Shetland. We hope that you enjoy your work experience with us and feel a full part of our team.

This agreement tells you what you can expect from us, and what we hope to receive from you in return. We aim to be flexible, so please let us know if you would like to make any changes and we will do our best to accommodate them.

### **We, NHS Shetland, will do our best:**

- To introduce you to how the organisation works and your role in it and to provide any training you need. The initial training agreed is Corporate Induction and Moving and Handling training.
- To provide regular meetings with a main point of contact so that you can tell us if you are happy with how your tasks are organised and get feedback from us. Your manager's/supervisor's name is \_\_\_\_\_.
- To respect your skills, dignity and individual wishes and to do our best to meet them.
- To reimburse your travel and meal costs up to our current maximum\*.
- To consult with you and keep you informed of possible changes.
- To insure you against injury you suffer or cause due to negligence\*.
- To provide a safe workplace\*.
- To apply our equality and diversity policy.
- To apply our complaints procedure if there is any problem.

### **I, \_\_\_\_\_, agree to do my best:**

- To work reliably to the best of my ability, and to give as much warning as possible whenever I cannot work when expected
- To follow NHS Shetland's rules and procedures, including health and safety, equality and diversity and confidentiality.

\*More details on these issues will be provided in your local induction.

This agreement is binding in honour only, is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intend any employment relationship to be created either now or at any time in the future.

**On behalf of NHS Shetland:**

**Work Experience Student:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency Contact**

Please give the name, relationship and contact details of the person we would contact in the event of an emergency when you are volunteering with NHS Shetland.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_

**Health Declaration**

Please give details of any health issues that you feel may be relevant to your work experience with NHS Shetland:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please be assured that health issues are unlikely to impact on your work experience, however we may need to seek advice from Occupational Health about any adjustments we might need to make to the workplace to ensure a safe experience.



## **NHS Shetland Work Experience Confidentiality Agreement**

As part of their seeking treatment, patients entrust the NHS with, and allow it to gather, sensitive information relating both to their health and other matters. They do so in confidence and they have the legitimate expectation that NHS organisations will respect this trust. It is essential, if legal requirements are to be met and the trust of patients is to be retained, that the NHS provides, and is seen to provide, a confidential service.

**Please read the following declaration carefully before signing your agreement to these conditions.**

I agree not to use or disclose any Confidential Information (as defined below\*), except in cases of concern for the wellbeing of a patient, whereupon I shall direct my concerns to a member of ward staff.

I agree not to, without prior written consent, divulge any information obtained whilst carrying out my work experience to any third party; or copy documents containing any confidential information.

\*For the purposes of this agreement, 'Confidential Information' refers to personal identifiable and/or business sensitive information. This will include all information and materials, in whatever written, computerised, visual or audio format, disclosed by NHS Shetland to you as a work experience visitor, or to which you otherwise gain access as a result of your work experience.

**Signature of work experience visitor:**

\_\_\_\_\_

**Print name:** \_\_\_\_\_

**Date:**   /   /