

**Under 16 Work Experience Week (14 to 16 years)**  
**APPLICATION FORM**

University Hospitals of Morecambe Bay (UHMB) NHS Trust supports the provision of work experience weeks for students aged less than 16 years. These are hosted in a UHMB venue and will include a week of activities based on realistic simulated environments. The activities and sessions will be delivered by a range of staff teams from across the Better Care Together partner organisations, and will be designed to inform and inspire students to consider a future career in healthcare. There is a chance you will see things / be exposed to situations which you may find emotional or distressing.

**Personal Details:**

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_

Do you regard yourself as disabled? ☐ Yes ☐ No

If 'Yes', please provide details:

\_\_\_\_\_

Do you consider yourself to have a learning difficulty? ☐ Yes ☐ No

If 'Yes', please provide details:

\_\_\_\_\_

Do you have any current medical problems, allergies or health issues? ☐ Yes ☐ No

If 'Yes', please provide details:

\_\_\_\_\_

I would describe my ethnic origin as: (please tick one)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mixed                  |
| <input type="checkbox"/> Black       | <input type="checkbox"/> Pakistani              |
| <input type="checkbox"/> Chinese     | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Indian      | <input type="checkbox"/> Other; please specify: |

\_\_\_\_\_



**Education:**

Current School: \_\_\_\_\_

Current Year \_\_\_\_\_

**Rehabilitation of Offenders Act:**

Because of the nature of the work experience placement for which you are applying, this post 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.

Have you been convicted of a criminal offence, been bound over, warned, cautioned or reprimanded or are you currently the subject of any police investigation?

☐ Yes

☐ No

If 'Yes', please provide brief details: \_\_\_\_\_

**Experience:**

Career(s) / Profession(s) of interest: \_\_\_\_\_

Please outline why you are interested in undertaking an Under 16 Work Experience Week at the University Hospitals of Morecambe Bay NHS Foundation Trust:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photographs:**

During the work experience week, members of the Careers and Engagement Hub will be taking pictures of the different activities and of the event in general. Unless otherwise informed, we will assume that you are happy for your photograph to appear in our future literature and/or website. If this is not the case, please inform Sam Whiteley in writing at the following email address: [samantha.whiteley@mbht.nhs.uk](mailto:samantha.whiteley@mbht.nhs.uk).

**Emergency Contact Details:**

Please provide details of someone that we could contact on your behalf in the event of an emergency:

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

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



## **AGREEMENT**

University Hospitals of Morecambe Bay NHS Trust has agreed to host work experience weeks for students aged less than 16 years, in order to assist them towards a career in the NHS. The Trust has a structured placement 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 venues however, the Trust cannot guarantee this.

Dates: \_\_\_\_\_ Venue: \_\_\_\_\_

## **WORK EXPERIENCE STUDENT TO COMPLETE**

Please sign below to show agreement to the following statements:

- All the information given on this form is correct;
- I give consent for the Careers & Engagement Hub to store and file this information electronically and on paper;
- I give consent for the Careers & Engagement Hub to take, store and use photographs of me participating in the Under 16 Work Experience Week;
- I understand that I have the right to request erasure of this information;
- I agree to take part in the activities throughout my Work Experience Week;
- I will hold in confidence any information about the employer or patients which I may obtain during the placement;
- I am aware of the acute nature of the placement environment and that I may be exposed to unexpected situations.

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

## **PARENT / GUARDIAN TO COMPLETE**

As parent/guardian of the student named above, I have read and understood this form and I agree to this student participating in a work experience week. I am aware that whilst minimising risk of exposure to unexpected situations, the Trust cannot guarantee this.

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

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

**Return forms to Sam Whiteley via email: [samantha.whiteley@mbht.nhs.uk](mailto:samantha.whiteley@mbht.nhs.uk)**

Or via post: Careers & Engagement Hub,  
Level 2, Moor Lane Mills, Moor Lane  
Lancaster LA1 1QD

