

Work Experience Placement Application Form



A placement will usually be for one or two weeks and usually arranged in conjunction with an educational establishment. Anything outside of this is classed as volunteering and you will need to complete a volunteer application form.

Applicant Details

Name

Address

Tel No

Date of Birth

Email

What are you currently studying?

Work Experience Placement Application Form



In which area of the Hospice would you like to undertake a work experience placement? e.g. patient area, administration, retail, hospitality.

Supporting Information

Please supply any additional information to support your application. The supporting information is your opportunity to promote yourself and to identify why you would like to do your work experience placement at the hospice. This may include hobbies, interests and career goals.

State the dates of when you require a Work Experience placement.

Medical Conditions

Please supply details of any medical conditions that we need to be aware of.

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Emergency Contact Details

Parent/ Guardian _____

Relationship to Child _____

Telephone Number(s) _____

School/College Details

Teacher/ Tutor Name _____

School/College _____

Telephone Number _____

E-mail _____

Student & Parent Agreement

The Hospice places considerable importance on the need for attention to health and safety work. It is your responsibility to familiarize yourself with the safety rules and to use the facilities and equipment provided for your safety. It is essential that all accidents, however minor, are reported.

The Hospice also expects you to follow rules and regulations governing the workplace such as no smoking policy and security arrangements.

The Hospice supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of race, sex, sexual orientation, marriage & civil partnership, pregnancy & maternity, ethnic origin, disability, age, religion or belief.

By signing below you agree to abide by the rules of the Hospice and any information regarding patients, relatives and staff at the Hospice must be treated in the strictest confidence. Any breach of confidentiality will result in termination of the work placement.

I have read and understand the above requirements.

Student Signature _____

Date _____

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I give permission for my child _____ to attend the placement. I have read and understand the above requirements. I will ensure that my child carries out these obligations and confirm that s/he is not suffering from any medical condition which might create a hazard to him/herself or to those working with him/her.

Parent/Guardian Signature _____

Date _____

PLEASE RETURN THE COMPLETED APPLICATION FORM TO:

Volunteer Resource Department
Douglas Macmillan Hospice
Barlaston Road
Blurton
Stoke-On-Trent
ST3 3NZ

volunteernow@dmhospice.org.uk