



Fantastic Foxes Training Hub



WORK EXPERIENCE PLACEMENT APPLICATION FORM

HEALTHCARE EXPERIENCE – PRIMARY CARE

WORK EXPERIENCE DATES

W/C 16 JULY 2018 W/C 23 JULY 2018 W/C 30 JULY 2018 W/C 06 AUG 2018 W/C 13 AUG 2018 W/C 20 AUG 2018

Please circle all weeks you are able to attend a Work Experience Placement.

STUDENT DETAILS

Male Female

First Name Surname Date of Birth/...../.....

Home Address Postcode

Tel Number Email Address

School/College..... Year Group.....

Please tell us which Doctors surgery you / your family are registered at:

.....

WORK EXPERIENCE CHOICES

Please choose **at least 3 areas** below and **number them 1 for first choice and 2 for second choice and so on.**

- | | | | | | |
|--|--------------------------|--------------------------------|--------------------------|------------------|--------------------------|
| Pharmacist | <input type="checkbox"/> | Healthcare Assistant | <input type="checkbox"/> | Practice Manager | <input type="checkbox"/> |
| Practice Nurse | <input type="checkbox"/> | Receptionist | <input type="checkbox"/> | Phlebotomist | <input type="checkbox"/> |
| Information Technology /
Data Manager | <input type="checkbox"/> | Doctor | <input type="checkbox"/> | Business Manager | <input type="checkbox"/> |
| Administrator | <input type="checkbox"/> | Advanced Nurse
Practitioner | <input type="checkbox"/> | | |

Please explain the reasons for your selections:

.....
.....
.....
.....
.....
.....

HEALTH

Please indicate any illnesses or other factors that the employer should be made aware of e.g. colour blindness, eczema, asthma, hearing impairment, epilepsy.

.....
.....

TRAVEL

How are you willing to travel to your placement?

1 Bus 2 Buses Walk Lift with Parent / Relative Cycle

Please tell us the areas where you can travel to and make sure that you can travel to the places ticked.

Please indicate a **minimum of 4/5 areas**.

Leicester City <i>(e.g. LE1 / LE2 area)</i>	<input type="checkbox"/>	Leicester <i>(e.g. LE3 / LE4 / LE5 area)</i>	<input type="checkbox"/>	Leicester - outskirts <i>(e.g. LE 18 / LE19 area)</i>	<input type="checkbox"/>
Loughborough	<input type="checkbox"/>	Ashby	<input type="checkbox"/>	Hinckley	<input type="checkbox"/>
Shepshed	<input type="checkbox"/>	Castle Donnington	<input type="checkbox"/>	South Charnwood	<input type="checkbox"/>
Coalville	<input type="checkbox"/>				

I am willing to travel further for a placement if there are no local ones available

Please be aware not all GP Practices are able to take students for work experience. Occasionally it may be necessary to offer you a practice outside of your preferred choice.

If you are successful we will ask for confirmation from your parent or guardian to ensure you are able to travel to the available practice.

Are there any other areas of Leicester/Leicestershire you could travel to?

.....

ABOUT ME

What personal qualities do you think you can bring to your placement?

.....
.....

What hobbies and interests do you have?

.....
.....

What career would you like to go into in the future?

.....
.....

What are your plans at the end of this academic year e.g. AS Levels, University, Apprenticeship?

.....

STUDENT PROFILE – FOR TUTOR TO COMPLETE

This section should be completed before the form goes to the parents

Does the student speak a second language? Yes No

If yes, please give details.....

Please score the learner on the following attributes and attitudes: *Tick as appropriate*

	Good	Fair	Poor
Confidence			
Attendance			
Effort/motivation			
Ability to work with other students and members of staff			
Self Management			
Communication Skills			
Teamwork			

Are the students choices: **GOOD** **REALISTIC** **UNREALISTIC**

If unrealistic, please suggest an alternative.....

Does this learner require a higher level of supervision whilst out on placement?

Yes No

If yes, a reason must be given

Has the Designated Senior Person identified this learner as being vulnerable in relation to his/her work experience placement?

Yes No

What are the learners predicted grades: **Level 3** **GCSE A*-C / 9-4 / L2** **GCSE D-G / 3-1 / L1** **Not at Level 1**

Please indicate if the learner needs additional support with: *Tick as appropriate*

	YES	NO
Reading		
Understanding and following instructions		
Speaking English		
The learner has a Special Needs Statement/EHC PLAN (if yes more details must be given on back page)		

Teacher/Tutor Name Signature

Date / /

WORK EXPERIENCE PLACEMENT – DATA AGREEMENT

In order to provide and process a work experience placement, Leicestershire Education Business Company Ltd requires some specific information.

We are required to pass on to the employer some of the information enclosed in this form, so that they can provide a suitable experience and do everything reasonable to protect students health, safety and welfare.

To enable us to process this placement please could you read the form and sign agreeing to the data requested being used for the purposes of work experience. We will take all due care with personal information when sharing it with appropriate institutions.

If there is any other information you think would be relevant for us to know, please could you provide it below: (e.g. **Special Needs Statement/EHC PLAN**, any involvement with the Youth Offending Team or Criminal Record).

.....

.....

.....

PARENTS / LEGALLY RESPONSIBLE PERSON – GUIDELINES

Work Experience Placement choices – these should be discussed with the student and agreed by you. You will receive details of the placement and will be asked to sign an agreement to it.

Hours of placement – these are shown on the Placement Description. Saturdays and evening work will be discussed prior to the placement start and will be optional.

The employer will have assessed the Health, Safety and Welfare arrangements of a work experience placement for a young person.

The risk assessment forms part of the Work Experience Agreement which you will receive and need to sign.

Please can you check that the **Health information on page 2** is sufficient to inform the placement provider of any health issues or additional needs relevant to the work experience placement?

Please can you check that the **Travel section on page 2** is accurate and that the student is able to travel to the areas selected.

PARENT/LEGALLY RESPONSIBLE PERSON

I agree to the use of this data and to the learner's choices of placement.

Name **Signature**

Date

LEARNER

I have completed this form and made choices for my work experience.

I agree to the use of data as described above.

Signed **Date**.....



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Leicester, LE2 6UL



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West Leicestershire Training Hub
The Charnwood Federations
Loughborough, LE11 5DX