**Work experience application form**

|  |  |
| --- | --- |
| Which area of the hospice are you interested in? eg shops, wards, finance, stewards, gardens |  |

**Your details**

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Date of birth |  |
| Address including postcode |  |
| Home telephone |  |
| Mobile telephone |  |
| Email address |  |

|  |  |
| --- | --- |
| Are you in education? | Yes  No |

|  |  |
| --- | --- |
| If yes, where are you studying and what are you studying? |  |

|  |
| --- |
| Please give details of previous work experience, volunteering or paid work (if any) |

|  |
| --- |
| Please explain why you have chosen this placement and what you hope to get from it. Include your hobbies and interests and your plans for the future. |

**Supporting statement**

If you are attending a school or college ask a teacher or advisor to provide some information about your application, this could include what they think you might get from the placement, or future career plans.

If you’re not in school or college please ask someone who can act as your referee to explain why you’re suitable for a placement.

|  |
| --- |
| Why do you think this placement suitable? |
|  |
| Are there any issues that we need to be aware of? |
|  |

**Contact details for the person making the supporting statement**

|  |  |
| --- | --- |
| Name |  |
| Role/relationship to applicant |  |
| Signature |  |
| Telephone number |  |
| Email |  |

**Applicant’s declaration**

I confirm that the information given on this application is correct. I understand that any false statements may result in my application being refused or my placement being cancelled.

Signed: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Your completed application and the parental consent form on the next page should be returned either by post or email to Sue Jones/Eirian Thomas at Severn Hospice, Bicton Heath, Shrewsbury SY3 8HS

[suej@severnhospice.org.uk](mailto:suej@severnhospice.org.uk) or [eiriant@severnhospice.org.uk](mailto:eiriant@severnhospice.org.uk)

**Parental/guardian consent**

For completion by parent/guardian of students under 18 years of age

I am aware that my son/daughter has applied to Severn Hospice for work experience.

I confirm that:

1. I hereby give consent to this placement
2. \* Either – they do not suffer from any medical condition which could result in a risk to their health and safety or to the health and safety of another person

OR

\*They do have the following medical condition that you need to be aware of/could potentially result in a risk to their health and safety or to the health and safety of another person.

Details as follows:

|  |
| --- |
|  |

(\* Please delete as applicable)

Name of son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number (in case of emergency)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_