If you are interested in a work experience placement, we will need this Application Form to be fully completed by yourself, your school/college and also parental/guardian consent.

We also need to carry out relevant risk assessments which may take time. Therefore, we ask that you contact us at least four weeks prior to the date that you would like your work experience placement to start.

1. **Your details**

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Date of birth** |  |
| **Gender** | Male / Female / Do not wish to disclose (Please circle) |
| **Address including postcode** |  |
| **Mobile telephone** |  |
| **Email address** |  |
|  | May we contact you using this? Yes / No (Please circle) |
| **Emergency Contact name** |  |
| **Emergency Contact Daytime Telephone number:** |  |
| **Previous Severn Hospice work experience** | Yes / No (Please circle) |
|  | If so, which department? |
| **Do you have any medical conditions, allergies, disability or learning needs that we should be aware of?** Yes / No (Please circle)  If so, please give details including medication:  …………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………… | |

|  |  |
| --- | --- |
| Which area of the hospice are you interested in? eg shops, finance, stewards, gardens |  |
| Availability:  Please indicate your preferred dates for the placement |  |

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.

1. **Your School / College**

|  |  |
| --- | --- |
| **Name of school/college** |  |
| **What are you studying?** |  |
| **Is this part of your D of E award?** | Yes / No (Please circle) |

**TO BE COMPLETED BY SCHOOL / COLLEGE WORK EXPERIENCE CO-ORDINATOR / TUTOR**

Please comment on this student’s suitability for the placement requested. By signing you are also confirming that the information contained in this application is, to the best of your knowledge, accurate.

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………….

Signature: ………………………………………………………………………………………………………………………………..

Please print name: …………………………………………………………………………………………………………………..

**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.

Applicant Name: (Please print) ………………………………………………………………………………………………………….…………..

Applicant’s signature: ……………………………………………………………………………… Date: …………………………………………….

**Agreement must be given by your Parent or Guardian:**

Signed: …………………………………………………………………………………………………………………………………….

Print name: ……………………………………………………………………………………………… Date: …………………………………………….

Your completed Application Form should be returned either by post or email to Education Team at Severn Hospice, Bicton Heath, Shrewsbury SY3 8HS - [education@severnhospice.org.uk](mailto:education@severnhospice.org.uk)

The information on this form will be shared with your confirmed placement area.

This document will be kept securely for 6 months post placement date.

Before you can be considered for a placement with Severn Hospice we need to be satisfied about your character and suitability for work experience. Please read the following notes carefully before completing this declaration form. All enquiries will be treated in strict confidence.

We do not aim to discriminate against applicants with criminal convictions or other information that is declared. Prior to making a final decision regarding your application, we will discuss with you any information that has been declared that we believe may adversely affect your suitability for a placement.

Please answer all of the following questions. If you answer “Yes” to any of the questions, please provide full details in the space provided. Also use the space below to provide any other information that may have a bearing on your application. You may continue on a separate sheet if necessary, and you may attach supplementary information should you wish to do so. If in doubt, please include the item or contact us to discuss further.

**The placement which you are applying for is exempt from the Rehabilitation of Offenders Act 1974. This means that you must declare all juvenile or adult convictions, cautions, reprimands or warnings – including those that would otherwise be considered “spent”:**

* **Prison sentences;**
* **Dismissal from His Majesty’s Service**
* **Detention in youth custody / young offender detention;**
* **Disciplinary proceedings;**
* **Fines (but not parking offences);**
* **Probation order or community order;**
* **Absolute / Conditional discharge;**
* **Binding over (including cautions), care order, supervision order and reception order;**
* **Disqualifications.**

|  |  |
| --- | --- |
| 1 | Are you currently bound over, or have you ever (as a juvenile or an adult) been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country? (You **do** need to tell us about driving offices but **do not** need to tell us about parking offences)  NO YES (please delete as appropriate)  If **Yes** please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. |

|  |  |
| --- | --- |
| 2 | Have you ever (as a juvenile or an adult) received a police caution, reprimand or final warning, “spent” or otherwise?  NO YES (please delete as appropriate)  If **Yes** please include details of the caution, reprimand or final warning, including the date and reason administered. |
| 3 | Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of? (You must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form.)  NO YES (please delete as appropriate)  If **Yes** please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings. |
| 4 | Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you?  NO YES (please delete as appropriate)  If **Yes** please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the police. |

**Declaration**

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this placement.

This declaration will be kept securely and in confidence. Access to this information will be restricted to the designated persons within Severn Hospice who are authorized to view it as a necessary part of their work.

**Please sign and date this form.**

I consent to the information provided in this Self Declaration Form being used by Severn Hospice for the purpose of assessing my suitability for my application.

I confirm that the information that I have provided in this Self Declaration Form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in this application being rejected, or if I am placed, in my dismissal.

Applicant Name: (Please print) ………………………………………………………………………………………………………….…………..

Applicant’s signature: ……………………………………………………………………………… Date: …………………………………………….

Print Name of Parent or Guardian (if applicant under 18): ………………………………………………………………………………..

Date: …………………………………………………………………………….

If any of the above circumstances change from the time of completing the form to the time of placement you must inform us straight away. If you wish to withdraw your consent at any time after completing this form please contact the Education Team on 01743 236565.

**Please return this completed form along with your Work Experience Application Form to:**

**The Education Team,**

**Severn Hospice,**

**Bicton Heath,**

**Shrewsbury SY3 8HS –**

[**education@severnhospice.org.uk**](mailto:education@severnhospice.org.uk)