**Work Experience Interest Form**

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| **Name:** |  |
| **Address:** |  |
| **Contact Number:** |  |
| **Email:** |  |
| **Date of birth:** |  | **Age:** |  |
| **Gender:** |  |
| **Do you consider yourself to be disabled?** | YesNoPrefer not to say |
| **Ethnicity:** | WhiteMixed Asian/ Asian British Black/ Black British Chinese Other Prefer not to say |
| **Please select the most relevant to you:** | I am a student If ticked, please confirm where you attend for your education: ……………………………………………………………………….I am unemployedI am employed  |
| **What are your main reasons for requesting work experience:****Tick all that apply** | I want to gain entry level employment I want to gain access to Higher Education or professional training, including medical school Part of organised work experience through their school or collegeI want to gain insight into the NHS |
| **What areas of work experience are you interested in?****Is there a specific service you are interested in?** |  |
| **Provide details of when and how long you require work experience for:** |  |

Thank you for completing, please return to dgft.work.experience@nhs.net

Your interest form will be sent to our departments who are available for work experience placements.

If we are able to offer a place the department will be in contact directly.

**Please allow up to 4 weeks before requesting an update.**