

Work Experience Interest Form

Name:			
Address:			
Contact Number:			
Email:			
Date of birth:		Age:	
Gender:			
Do you consider yourself to be disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		
Ethnicity:	White <input type="checkbox"/> Mixed <input type="checkbox"/> Asian/ Asian British <input type="checkbox"/> Black/ Black British <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		
Please select the most relevant to you:	I am a student <input type="checkbox"/> If ticked, please confirm where you attend for your education: I am unemployed <input type="checkbox"/> I am employed <input type="checkbox"/>		
What are your main reasons for requesting work experience: Tick all that apply	I want to gain entry level employment <input type="checkbox"/> I want to gain access to Higher Education or professional training, including medical school <input type="checkbox"/> Part of organised work experience through their school or college <input type="checkbox"/> I want to gain insight into the NHS <input type="checkbox"/>		
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.