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| ELIGIBILITY |

Placements are offered at King’s College Hospital and the Princess Royal University Hospital. Applications are open to young people between the ages of 16 and 19 years who live in Lambeth, Southwark, Lewisham, Orpington and Bromley. The programme is for current secondary school students with priority to those not attending private schools. Applications close 6 weeks before the selected placement week begins.

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| APPLICANT INFORMATION |

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| Full Name: | Date of Birth: |
| *First Middle Last* |  |
| Address: | |
| *House/Flat# Street* | |
|  | |
| *Borough City Post Code* | |
| Phone: | Email: |
| Requested Placement Dates: | |
| Preferred Hospital Site: | |
| Department(s) of Interest: | |
| Where you heard of King’s Work Experience: | |
| Have you done a work experience placement before? If yes, where? | |

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| EDUCATION |

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| Current School: | Year: |
| School Address: | |
| *Street Address* |  |
|  | |
| *Borough*  *City*  *Post Code* | |

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| EMERGENCY CONTACT |

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| --- | --- |
| Full Name: | Relationship to Applicant: |
| Phone: | Alternate Phone: |
| Email: | |

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| PROTECTED CHARACTERISTICS |

Your answers will only be used to establish if the programme is attracting an accurate representation of our communities served. Where inequalities are identified, we may use the responses to inform the widening of our participant recruiting approach. Your responses will not affect the success of your application and will be kept confidential.

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| 1. What best describes your gender identity?  Female (including Transgender female)  Male (including Transgender male)  Non-binary  If not listed, you can self-describe here  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say  2. Is your gender identity the same as the sex you were assigned at birth?  Yes  No  Prefer not to say  3. Which of the following options best describes how you think of yourself?  Heterosexual or Straight  Gay or Lesbian  Bisexual  Other sexual orientation  Prefer not to say  4. What is your religion?  No religion  Christian (including Church of England, Catholic,  Protestant and all other Christian denominations)  Buddhist  Hindu  Jewish  Muslim  Sikh  Any other religion, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | 5. What is your ethnic group? *Choose one option that best describes your ethnic group or background:*  **Asian/Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Black/African/Caribbean/Black British**  African  Caribbean  Any other Black/African/Caribbean background,  please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **White**  English/Welsh/Scottish/Northern Irish/British  Irish  Gypsy or Irish Traveller  Any other White background, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mixed/Multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed/Multiple ethnic background,  please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other ethnic group**  Arab  Any other ethnic group, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |

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| DISABILITY |

*The Equality Act 2010 protects people who have disabilities – including those with long term health conditions, learning disabilities and “hidden” disabilities.*

1. Do you have any physical or mental health conditions or illnesses? (Choose one)

Yes (*Please move to Q2)*

No (*Please move to the next section)*

2. Has this lasted, or is it expected to last, for 12 months or more? (Choose one)

Yes (*Please move to Q3)*

No (*Please move to the next section)*

3. Do any of your illnesses or conditions reduce your ability to carry out day to day activities?

(Choose one)

Yes a lot

Yes a little

Not at all

Do you have any accessibility needs? If yes, please explain:

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| STATEMENT OF INTENT |

Please explain why you would like to participate in King’s Work Experience? (250-500 words)

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| DISCLAIMER AND SIGNATURE |

I certify that my answers are true and complete to the best of my knowledge. I understand that this application is not confirmation of a work experience placement.

If this application leads to placement, I understand that false or misleading information in my application may result in my release.

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| Signature |  | Date |

**Please submit your completed form to** [**kch-tr.workexperience@nhs.net**](mailto:kch-tr.workexperience@nhs.net)

