

Contact details of teacher/ advisor/ referee:

Teacher or advisor name:	
Signature:	
Telephone number:	
Email address:	

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

Signed:

Print Name:

Date:

Parent/Guardian’s signature (if under 18):

Print Name:

Date:

This form should be returned either by post or emailed to the LMC: hannah.scanlon@nhs.net

Work Placement Application

Placement you are applying for:	
Date of placement: Please put your preference for day, time, dates you would prefer. We cannot guarantee that all preferences will be met, please ensure you also include any dates that you cannot work.	

Section 1: Your details

Personal details

Surname/family name:	
First name:	
Date of Birth:	
Address including postcode:	
Home telephone:	
Mobile telephone:	
Email address:	
Name, phone number and relationship to next of kin or in case of emergency contact	

Are you in education: Yes No

If yes please state where you are studying:

GCSEs, A levels or other exams taken or subjects being studied:			
Subject/Level	Grade	Subject/Level	Grade
Previous work experience, volunteering or paid work (if any):			
Place work undertaken	Role	Date	
<p>Please explain why you have chosen this placement and what you hope to get from it. Include your hobbies and interests and any plans you may have for your future.</p>			
<p></p>			

Section 2: Supporting statement

If you are attending a school/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 do not attend school or college please ask someone who can act as your referee to explain why you are suitable for a placement.

Why is this placement suitable?
Are there any issues we need to be aware of?