

**Application for Work Experience**

Please complete this application form in black ink and enclose a **covering letter, a copy of your CV and two references with the application.** Information will be treated in the strictest confidence by the supervisor responsible for the placement. NB: Work Experience includes work shadowing and observation.

**Please ensure student details are correct in case you need to be contacted. We will only contact the named applicant regarding placement and queries.**

**Student Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Surname |  |
| Forenames |  |  |  |
| Address for Correspondence |  | | |
| Postcode |  |  |  |
| Student E-mail address |  | | |
| Student  Telephone No |  | Date of Birth |  |
| School/College/University (if applicable) |  | | |
| Address |  | | |
| College/University Course attending (If applicable) |  | | |
| Careers Advisor: (If Applicable) |  | Tel No |  |
| Tutor Teacher: (If Applicable) |  | Tel No |  |

Requested dates of Work Experience, Monday - Friday (Max. 1 week) please give three date preferences as first choice won’t always be accommodated.

First week choice- ……………………………………………………………………………

Second week choice- ……………………………………………………………………….

Third week choice- …………………………………………………………………………..

You will be assigned to a 5 day programme of mixed specialties; we do not accept requests for individual areas of work

Please note if you are offered a work placement you will be expected to sign an Agreement for Unpaid work experience and comply with the terms of this Agreement.

**Previous work Experience or Employment**

Please give details of any previous paid or voluntary work you have had or clubs or societies you belong to: (E.g. Red Cross/St John Ambulance/Scouts/Guides/Duke of Edinburgh Awards)

|  |  |  |
| --- | --- | --- |
| Employers/Club/Society Details | Dates  From/To | Job Description/Main Activities |
|  |  |  |

**Other Relevant Information**

|  |
| --- |
| Please provide information in support of your application, continue on a separate sheet if necessary:  Include your career aspirations  Why you wish to undertake work experience in the NHS  What subjects you are currently working towards |
|  |

|  |
| --- |
| **EQUAL OPPORTUNITIES POLICY** |
| Bedford Hospital NHS Trust commits itself to promoting equality of opportunity in all aspects of employment including work experience.  The information you give will be treated in the strictest confidence and used for statistical purposes only. It will in no way affect the consideration of your application for employment/work experience placement. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Under the terms of the Equality Act 2010 a disability is defined as a physical or mental impairment which has a substantial and long-term effect on the ability to carry out normal day-to-day activities. | | | | | | | | | | |
| Do you consider yourself disabled | | | | | Yes |  | No |  | | |
| If YES please give a brief details of your disability - | | | | | | | | | | |
|  | | | | | | | | | | |
| Registration Number (if applicable) | | |  | | | | | | | |
| If Disabled would you need any adjustments to enable you to attend for interview or placement | | | | | Yes |  | No |  | | |
| If YES please specify - | | |  | | | | | | | |
|  | | | | | | | | | | |
|  | 1.7 Ethnic Origin |  |  |  | | | | |  |
| A | White British |  | B | White Irish | | | | |  |
| C | White Other (Please specify\*) |  | D | Mixed White/Black Caribbean | | | | |  |
| E | Mixed White/Black African |  | F | Mixed White/Asian | | | | |  |
| G | Mixed Other (Please specify\*) |  | H | Indian | | | | |  |
| J | Pakistani |  | K | Bangladeshi | | | | |  |
| L | Other Asian |  | M | Black Caribbean | | | | |  |
| N | Black African |  | O | Black Other (Please specify\*) | | | | |  |
| P | Chinese |  | R | Philippino | | | | |  |
| S | Other (please specify\*) |  | Z | Not stated | | | | |  |
| \* If other please specify: | |  | | | | | | | |

**Student, Parent and Teacher Agreement to Trust Requirements**

The Trust places considerable importance on the need for attention to Health and Safety at work. You have the responsibility to acquaint yourself with the safety rules of the work place, to follow these rules and to make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, be reported.

The Trust will also expect you to observe other rules and regulations governing the workplace, which are drawn to your attention. Please note that there is a No Smoking Policy covering the whole of the hospital buildings and grounds and that there are security arrangements applicable to most locations.

The Trust is committed to equal opportunities and will not discriminate on the grounds of ethnic origin, gender, disability, age, religion or sexual orientation.

There will normally be no payment for meals or travelling expenses.

I have read and understood the above requirements

Signed (student): …………………………………… Date: …………………………….

**Parent/Guardian (If under 18 yrs):**

I have read the work experience/observation programme information and understood the requirements. I will ensure the student carries out these obligations and confirm that he/she is not suffering from any complaint or infectious disease, which might create a hazard to him/herself or to those working with him/her. I understand that some areas within Health Service work are sensitive and may be upsetting. Whilst we take every step possible to avoid any student seeing upsetting incidents, some situations are beyond our control. This placement is offered only on this understanding.

I give permission for my son/daughter (name) ………………………………………… to attend work experience.

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

Contact Number:: ………………………….. Date:……………………

**School Careers Advisor (if under 18 yrs):**

I give permission within for (name) …………………………………………………to attend work experience within Bedford Hospital NHS Trust. I have read the work eexperience programme information.

I also confirm that he/she is currently studying at:

……………………………………………………...….

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

**CERTIFICATE OF CONFIDENTIALITY**

**Your personal responsibility concerning security and confidentiality of information (relating to patients, staff and the organisation)**

During the course of your placement you may acquire or have access to confidential information which must not be disclosed to any other person.

This condition applies during your relationship with the Trust and after the relationship ceases.

Confidential information includes all information relating to the Trust and its patients and employees. Such information may relate to patient records, telephone enquiries about patients or staff or methods of communication, use of fax machines, hand-written notes containing patient information etc.

If you are in doubt as to what information may be disclosed, you should check with a manager.

The Data Protection Act 1998 regulates the use of computerised information and paper records of identifiable individuals (patients and staff). The Trust is registered in accordance with this legislation. If you are found to have made an unauthorised disclosure you may face legal action.

***I understand that I am bound by a duty of confidentiality and have read the Confidentiality Code of Conduct.   
I agree to adhere to this Code of Conduct and the requirements of the Data Protection Act 1998.***

|  |  |
| --- | --- |
| **STUDENTS ’S NAME** (print): |  |
| SIGNATURE: |  |
| DATE: |  |
|  | |

* **Access to all of the Trust’s (Bedford Hospital) computer systems are controlled by the issue of usernames and passwords.**
* **Passwords will only be issued to persons who have been identified by the Heads of Departments or under exceptional circumstances, the relevant Computer System Manager.**
* **Passwords must be treated as private and confidential and not disclosed to any other person under any circumstances. A breach of this confidentiality will make the Trust liable under the Data Protection Act, will be treated seriously by this Trust, and could lead to disciplinary action.**
* **Passwords will only be issued AFTER appropriate training has been provided**

Any questions relating to information security in general or confidentiality of patient data should be addressed to the Information Governance Manager

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**OCCUPATIONAL HEALTH QUESTIONAIRE**

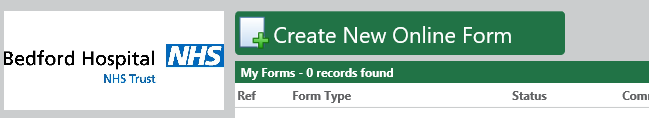
To complete your Occupational Health Questionnaire please complete the following steps:

Please follow the link below. You will need to make an account.

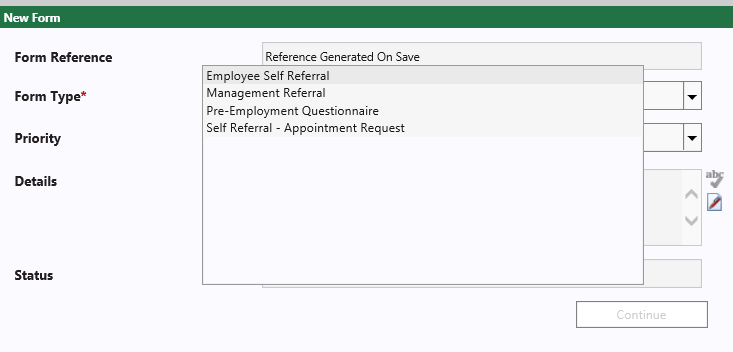
**Live Portal:** [**https://bedford.eopas.co.uk/**](https://bedford.eopas.co.uk/)

**The organisation code is:** M500F526

Once you have done this; on the green screen click on **Create a new online form.**

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Drop down boxes will appear and for the form type please click **Pre-Employment Questionnaire**



**Important:** When asked for your start date please input the **date you are completing the form** and not a date in the future.

**Please ensure at the end of completing the form you click save.**

**TERMS**

**Duties/Work:** You will be told the area you will be placed in and the duties you will be expected to undertake on arrival at the Trust. You will be responsible to a supervisor and if you have any difficulties you must speak to him/her.

**Hours:** To be agreed with your supervisor, you are entitled to a half an hour break during your working day.

**Sickness/Time off:** If you are unable to attend your placement because of sickness or for any other reason you should inform the supervisor as soon as possible. You should keep the supervisor informed as to the likely date of return. You must inform the supervisor of any planned holidays during the work placement period.

**Security Badges:** Medical staffing will issue this on your first day in placement. You must bring in a passport sized photograph failure to do this will result in you not being able to take up the placement.

It is a requirement that every person displays a name badge & identification badge when working on any site associated with the Trust. You must display this at all times whilst on Trust premises.

ID badges must be returned to medical staffing after finishing your last day of placement- once received you will receive a certificate of attendance.

**Dress/Appearance Code:** What you wear reflects your School/College and the Trust.

Clothing should be of a smart, professional appearance**; denim, leather and suede are not suitable and are not permitted.** Minimal jewellery should be worn. Shoes should be comfortable, with a low heel and the toe covered, no sling backs. No trainers are permitted. Hair should be tidy. Long hair should be securely tied back. Protective clothing such as aprons and gloves must be worn in accordance with Trust policies in relation to infection control and food handling. Ties are not allowed for infection control purposes and all sleeves should be above the elbow.

**Confidentiality:** All information you obtain during your work placement is confidential. In particular information relating to the diagnosis and treatment of patients, individual staff and/or patients records, and details of contract prices and terms must under no circumstances be divulged or passed on to any other unauthorised person. Patients must be treated with dignity and respect at all times.

***You must not discuss the names of patients with anyone outside the department in which you are placed. If you are given any documents that contain patient information, you should ensure this patient information is handed back to an appropriate person or put into Confidential Waste before you leave the department. You must not photocopy or keep copies of any such document.***

**The Health and Safety at Work Act:** Under the Health and Safety at Work Act 1974, you have a duty to take reasonable care to avoid injury to yourself and to others. To this end, you must comply with the Trust’s Health & Safety policy in meeting the statutory requirements. Please ensure you are familiar with the Department’s Fire Procedure, which will be communicated to you by the supervisor.

Ensure you are aware of where the fire exits are; be aware of any potential hazards such as an obstruction in the corridor. If you see spilt liquids on the floor, inform a member of staff who can arrange for this to be cleaned up.

**Loss/Damage of Personal Effects:** No liability will be accepted for loss or damage to your personal property whilst on Trust premises whether as a result of burglary, fire, theft or otherwise. You are advised not to bring personal property with you other than that necessary to carry out any duties assigned to you. You may wish to provide your own insurance cover for any property you do bring with you to the Trust. Under no circumstances must Trust property be removed from the premises unless it is with the prior approval of the supervisor.

It is strongly suggested that you do not bring anything of value with you to the Trust, as there may not be a secure place for you to lock any items away.

**Equal Opportunities:** The Trust believes in, and actively seeks to promote, equal opportunities. You are required to behave in a professional manner and to treat colleagues, patients, members of the public or other staff with dignity and respect. Any discrimination on the grounds of race, sex, religion or belief, sexual orientation, disability or age will not be tolerated. You should refrain from inappropriate language, jokes and be aware of inappropriate non-verbal behaviour. If you think another member of staff or patient is behaving in a discriminatory manner you should raise this with your supervisor.

**For the Attention of the Supervisor**

If a student states that they have an infectious disease which may affect others during their placement the supervisor and student must contact the OH department for advice prior to being accepted on any placement

**Form of acceptance**

I accept this Work Experience placement on the terms outlined. I have read and signed the Health Declaration Document, read the handbook and terms issued and agree to abide by them. If you are unsure about any aspect of this agreement or your placement please do not hesitate to contact either your supervisor on sight or Medical Staffing/Recruitment & Resourcing

I have signed and retained a copy of this Agreement and sent a copy to the WorkExperience team.

**Signed by Work Experience individual:**

**Please PRINT your Name: Dated:**

**Code of Conduct**



**for Bedford Hospital NHS Trust staff, students and volunteers**

**“The Way We Work”**

**Introduction from Acting Chief Executive, Stephen Conroy**

Here at Bedford, we are all working towards the same aim; to deliver the highest standards of care to patients. To achieve this, it is essential we work effectively in partnership, not only with each other, but also with our patients, their relatives and carers, and our healthcare colleagues outside the Trust.

This Code of Conduct has been developed to set out the core standards of behavior we should all expect from each other to ensure we can deliver high quality care for patients, in a rewarding and positive working environment. The Code of Conduct applies to all of us and every member of staff, every student and volunteer in the Trust is expected to behave in a way which meets the requirements it sets out.

The standards outlined in the Code of Conduct have been developed with staff from across the Trust and in line with the Trust’s core objectives and strategies. However they are not designed to be exhaustive, they should act as guiding principles, to be used alongside skills and experience to ensure the actions we take and decisions we make promote quality, respect and dignity at all times, throughout the Trust.



**Stephen Conroy**

**Chief Executive (Acting)**

**Ten key principles of the Code of Conduct**

1. **Put patients’ needs and interests first**
2. **Be pleasant, courteous and helpful to all**
3. **Be compassionate**
4. **Be a team member**
5. **Be professional**
6. **Be well**
7. **Deliver quality**
8. **Involve patients in their care**
9. **Protect confidentiality**
10. **Use Trust property and resources responsibly**

**The Code of Conduct: Staff, Student and Volunteer Declaration**

**By signing up to this Code of Conduct I agree in my work, every day, to:**

## Put patients’ needs and interests first

Ask how I can help patients



Listen to patients and respond to their concerns and preferences

Pay attention to detail; do what I can to make patients feel valued (for example, ask patients by what name they would like to be called)

Make sure the environment in which I work is safe and clean



Protect patients from harm by following Trust policies and national best practice guidelines Deal with queries, questions and concerns promptly and courteously

Recommend ways of improving services for the benefit of patients Work with colleagues in the ways that best serve patients’ interests

## Be pleasant, courteous and helpful to all

Be approachable and approach those who may need assistance



Adopt the following in all conversations, telephone calls and email communications:

**A**cknowledge others warmly

**B**e present and attentive during conversations

**C**onclude conversations and interactions warmly

Ask how I can help and check the individual’s expectations have then been met Speak clearly and without jargon or words that may cause offence

Deal with concerns promptly and treat those with concerns fairly and without prejudice

## Be compassionate

Deliver the care I would want my loved ones to receive



Respond with humanity and kindness to each person’s pain, distress, anxiety or need Treat everyone I deal with at work with respect, dignity and fairness

Take what others have to say seriously

Recognise, respect and respond to differences between myself and others Respect the beliefs, culture and views of others even when I do not share them

## Be a team member

Work as a team (both within my department or Business Unit and as part of the wider Trust) Help create an environment where all staff can work together in the best interests of patients Support and respect the needs of my colleagues



Share my knowledge and skills with colleagues and support others in their learning Report any concerns I may have about my work and recommend improvements

## Be professional

Accept responsibility for my actions, performance and behavior.



Be accountable for my decisions and say sorry when I have made a mistake

Dress appropriately for my role, for my safety and the safety of others. Take my breaks away from patient/customer view

Never smoke within Trust premises or on Trust property Deal with patients, colleagues and work objectively

Never abuse patients’ trust in me or the public’s trust in our hospital and its services Support colleagues to do the same

## Be well

Make good use of the services and benefits offered to me by the Trust to help me to be healthy



Inform my manager(s) when my health may impact on my ability to work/work effectively in line with policies and procedures



Act without delay if I have good reason to believe that my health or that of a colleague may be putting patients at risk

## Deliver quality

Strive to get the basics right every time



Deliver a dependable service – come to work and be on time, work as directed to do so Keep my professional knowledge and skills up to date

Recognize and work within the limits of competence

Take full advantage of the learning and development opportunities provided by the Trust Work innovatively and inspire others where I can

Participate in annual appraisals and performance reviews as required for my role Welcome feedback about the work I do so you can learn and develop.

## Involve patients in their care

Involve patients in their care; upholding the principle of ‘no decision about me, without me’ Give patients the correct and up to date information about their care and treatment



Be prepared to repeat information as many times as the patient needs to understand it Make patients’ experience positive

## Protect confidentiality

Uphold my duty to keep any patient identifiable information and staff identifiable information strictly confidential at all times



Not talk about patients or staff in public places or anywhere where I could be overheard Share patient and/or staff information only a ‘need to know’ not ‘nice to know’ basis

Not leave medical records, staff records or confidential information unattended or leave computer screens displaying information unlocked if leaving the work station

## Use Trust property and resources responsibly

Use Trust resources effectively and efficiently



Use resources in the best interests of patients and the public

Be willing to explain and justify my decisions in the use of resources

Make suggestions and be open to suggestions for improving how resources are used in future

## I agree with and will abide by this Code of Conduct. Name:

**Role: Dept:**

**Business Unit: Date:**