

PLACEMENT DETAILS

Please ticks the relevant box you are applying for:
(Please not work shadowing experience is for 6th Formers Only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Medical Shadowing Placement | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Life Science (Biomedical Science) |
| <input type="checkbox"/> Emergency Department (ED) (17 Years) | <input type="checkbox"/> Occupational Therapy (OT) | <input type="checkbox"/> Neurophysiology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Radiology | <input type="checkbox"/> Bioinformatics |
| <input type="checkbox"/> Medicine for the Elderly (DME) | <input type="checkbox"/> Radiography (17 Years) | <input type="checkbox"/> Biochemistry |
| <input type="checkbox"/> Dermatology (17 Years) | <input type="checkbox"/> Speech and Language Therapy | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Theatres (you need to be 18) | <input type="checkbox"/> Audiology | <input type="checkbox"/> Physiological Science |
| <input type="checkbox"/> Gynaecology | <input type="checkbox"/> Prosthetics and Orthoptists | <input type="checkbox"/> Pathology Science |
| <input type="checkbox"/> Ears, Nose and Throat (ENT) | <input type="checkbox"/> Dietetics (RPH) | <input type="checkbox"/> HODS |
| <input type="checkbox"/> Anaesthetics (17 Years) | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Histopathology |
| <input type="checkbox"/> Trauma and Orthopaedics (T and O) | <input type="checkbox"/> Neurology | <input type="checkbox"/> Haematology |
| <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Neuroscience |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Pathology (Medical Route) | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Clinical Engineering | <input type="checkbox"/> Estates and Facilities | <input type="checkbox"/> Other (Please specify) |

☐ Insight Programme:

☐ **Medical Work Experience- two day programme (6th Form only)**

For sixth form students considering a career in medicine to answer their questions of 'is this the right career choice for me?' The timetable includes time spent at CUH and the University's Clinical School, in their training centres, seminars, and in clinical settings shadowing consultants.

☐ **Caring in the NHS- two day programme (Year 10- 13)**

This 2 day programme gives students the opportunity to learn more about some of the Allied Health Professions, Physiotherapy, Occupational Therapy, Speech and Language, Nutrition and Dietetics, Theatre staff, Healthcare Support Workers and Paramedics. The programme is delivered through presentations, demonstrations and skills based activities.

☐ **Healthcare Science- two day programme (Year 10- 13)**

This two day programme will provide you with insight into the many different areas in Healthcare Science at a leading hospital. With some practical sessions, talks and tours from our staff this will be a programme not to miss if you have a keen interest in science. So, whether you are thinking Bioinformatics, Biomedical Science, Histopathology or Physical Sciences come and join us for the two days to find out the difference between them all.

☐ **Nursing and Midwifery- one day programme (Year 10-13)**

This programme offers a deeper insight into Healthcare Support, Adult, Paediatric and Mental Health Nursing as well as Midwifery, exploring the various routes and career pathways available.

☐ **Cambridge Clinical Research Centre (6th Form only)**

We offer students chance to participate in some work shadowing in the Cambridge Clinical Research Centre. This 1 day programme provides students with a chance to spend time meeting researchers, touring our research facility and labs and get involved in some practical sessions. The programme aims to cover the Ethics of research, Metabolic research, patient and public involvement, early phase trials in Oncology and Paediatric research.

☐ **NHS Careers in a Non-Patient Facing Role- One day Programme (Years 10-13)**

Are you thinking 'I am not sure what to do', but thinking you would not like to be involved directly with patients? Do you know how many roles there are in the NHS that are not patient facing? Join us to hear about the career pathways at CUH including Administration, Management, Human Resources, Estates, Contact Centre / IT, Communications and Digital Marketing, Operation Managers and Finance accountants plus others.

☐ **RPH 'Your Heart Hospital' (6th Form only)**

Interested in a career within healthcare and the NHS, come and join us to know more about the heart, lungs and their function. Hear talks from specialists in this field and have a better understanding of the patient pathway and what they go through during treatment and their stay at RPH.

Where would you prefer this placement to be?

Please note not all departments are available at Royal Papworth Hospital.

- ☐ Cambridge University Hospital
☐ Royal Papworth Hospital
☐ Don't Mind

Other Placement Request

Preferred Dates for Work Shadowing Placement

For CUH Dietetics Department Please follow the link: <https://www.cuh.nhs.uk/our-services/nutrition-and-dietetics/working-as-a-dietitian/>



PERSONAL DETAILS

First Name(s)			Surname		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non- Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Say		Date of Birth		
Preferred Pronouns			Age		
Do you Identify as Transgender?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say		Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Say	
Address			Postcode		
			Home Phone		
			Mobile Phone		
Email					
Religion		Nationality		Visa Status	
Ethnicity <input type="checkbox"/> White British <input type="checkbox"/> Asian <input type="checkbox"/> Any Other White Background <input type="checkbox"/> Asian/ Asian British- Bangladeshi <input type="checkbox"/> Mixed/ Multiple- White and Asian <input type="checkbox"/> Asian/ Asian British- Indian <input type="checkbox"/> Mixed/ Multiple- White and Black African <input type="checkbox"/> Asian/ Asian British- Pakistan <input type="checkbox"/> Mixed/ Multiple- White and Black Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Mixed/ Multiple Ethnic Backgrounds <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Black/ Black British- African <input type="checkbox"/> Prefer Not to Say					
Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Say		Are you Neuro-divergent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tick all that apply <input type="checkbox"/> Autism <input type="checkbox"/> ADHD or ADD <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyspraxia or DCD		

CURRENT SCHOOL/ COLLEGE DETAILS

School/ College Name			
Name of Careers Adviser or Tutor		Careers Adviser/ Tutors Email	
Address			
Telephone		Year Group	
If At Sixth Form Please Provide School Details For Where you Attended Between 11-16 Years Old			
School/ College Name		Telephone	
Address			
What was the Occupation of your Main House Hold Earner when you were 14 Years Old?			
Where you Eligible for Free School Meals at Any Point During School?			
Did a Parent Attend University before you were 18 Years Old?			

PARENT/ CARER CONTACT DETAILS

Only complete details for parent/ carer **currently living in the same home** as the student applying for this experience

Parent/ Carer 1		Parent/ Carer 2	
First Name (s)		First Name (s)	
Surname		Surname	
Daytime Tel		Daytime Tel	
Mobile Tel		Mobile Tel	
Email		Email	
*If you are in the care of your local authority place tick this box <input type="checkbox"/>			
Contact Name in your Local Authority			
Local Authority Contact Telephone No.			

PERSONAL STATEMENT

Current details of courses being followed **and any previous** GCSE/ A-Levels exam results

We would like to know more about you and your future career plans to ensure that your experience is both informative and valuable. Please answer the following questions to help us learn more about you.

1. What are your future career plans?
2. Please list:
 - Three things that attract you to your future career choice
 - Three things that concern you about your future career choice

3. How has your school helped you with your career plan?

4. What sources of information have been useful in making your career plans?

5. Is there anything else that you would find useful?

6. What course/s are you applying/ thinking of applying for at university? If you have already applied please state where?

7. Have you already had any medical work experience? If yes please tell us where/ when you did this:

8. Have you done any volunteering or signed up for volunteering at CUH? If yes please tell us where/ when you did this:

9. Please highlight which applies to you with regards to your work shadowing experience:
 - Gaining entry level employment
 - Gaining access to higher education or professional training including medical school
 - Part of organised work experience through your school or college
 - As part of your own initiative to gain experience and understanding

TEACHER STATEMENT

Do you support this application? Please make sure this section is completed. Placements take place throughout the whole year and may fall in term time. Signature of your careers advisor or tutor is authorisation for you to be on placement if successful through term time.

College - although not a requirement, please feel free to include a short comment below if you so wish about the student.

I have checked the details on this application form. I confirm they are correct and I support this application.

Name of Teacher / Tutor/
Careers advisor
E-mail
Date

IMPORTANT MEDICAL INFORMATION

Please let us know if there are any specific medical conditions or serious allergies we should be aware of in the event of an emergency while this student is attending this programme, e.g. nut or other serious allergic reactions, asthma, etc.

Please confirm if in the last 12 months you or your family/ close relative or friend has been involved in:

- A Trauma
- Death

If yes, please state:

PARENT/ CARER DECLARATION

Everyone under the age of 18 must have parental consent in order to undertake a work experience placement at CUH or RPH. Please ensure your parent completes this following section if you are under the age of 18.

I state that this form has been completed with the requested information and to the best of my knowledge.

In accordance with UK Data Protection Act (1998), the information provided on this form will be used for the purposes of this event and for monitoring and statistical purposes to evaluate (Cambridge University Hospitals (CUH) and Royal Papworth Hospital (RPH) work experience programmes) only. The information will be stored securely for up to five years, and will only be accessible to CUH and RPH staff. Non identifiable data is reported on and submitted to Health Education England.



I have read the information on this form alongside any additional details and understand that I will be responsible for my child up to the agreed handover point at the beginning of each day and again from the handover point at the completion of each day.

In the event of any emergency, I give permission for staff supervising the event to authorise first aid treatment by a qualified first aider and/or medical treatment which is deemed necessary by a qualified medical practitioner.

Do you consent to your child participating in any media recording (photographs, interviews, news stories, etc.) that will be solely used for promotion and evaluation?

☐ Yes

☐ No

Signature of Parent/ Carer

Relationship to Child

Date

STUDENT DECLARATION

The information I have provided is accurate to the best of my knowledge. I understand that any false information provided may result in my application and/or work experience placement being withdrawn.

Signature

Print Name

Date

Please note your contact details may be shared with colleagues within the Trust in arranging your placement and you may be contacted directly from the department.

Thank you for registering your interest in a placement at CUH or RPH.

We will be in contact with you via email once you have left Sixth Form College to find out what you are doing as part of our impact assessment on the work experience you have completed with us at CUH/RPH. Please tick this box if you do not want us to contact you in the future ☐

Please return your completed application to the Work Opportunities Team

cuh.workexperience.addenbrookes@nhs.net

Depending on the number of applications for placements not everyone may be successful. We aim to let successful students know as soon as possible if they are successful.