

## GUIDELINES FOR STUDENTS APPLYING TO NHS FORTHVALLEY FOR A WORK EXPERIENCE PLACEMENT

1. Student should email [fv-uhb.school-placement-requests@nhs.net](mailto:fv-uhb.school-placement-requests@nhs.net) giving their name, school, age, what area/departments they are interested in and if there are specific dates they are available.
2. An application form will then be emailed out which should be completed by the student and school and sent back along with a passport size photograph.
3. An email confirmation is then sent to both the student, school Work Experience Co-ordinator and Central Work Experience Co-ordinator for school approval of the placement. Attachments will include a:
  - a. Placement Agreement Contract
  - b. Placement Confirmation
  - c. Confidentiality Statement
  - d. FVRH Travel Information
4. A copy of the Placement Agreement Contract must be signed by the student and returned to:

Learning, Education & Training Centre  
Level 3  
Forth Valley Royal Hospital  
Stirling Road  
Larbert  
FK5 4WR
5. Placement takes place if school approval granted.

Learning, Education & Training Centre

NHS Forth Valley  
Learning Centre  
3rd Floor  
Forth Valley Royal Hospital  
Larbert  
FK5 4WR



<http://www.nhsforthvalley.com/>

Date Wednesday, 27 January 2016

Your Ref

Our Ref

Enquiries to Learning Education & Training Team

Extension 67390

Direct Line 01324 567390

E-mail [Fv-uhb.school-placement-requests@nhs.net](mailto:Fv-uhb.school-placement-requests@nhs.net)

Dear

Thank you for enquiring about a possible School Placement at Forth Valley Royal Hospital Larbert.

Please find enclosed an application form for applying to NHS Forth Valley for a school placement.

Please complete the entire form, obtain the appropriate signatures and return the form with a **passport size photograph** to the address stated.

Wherever possible we shall be sending you forms and information through e-mail. Therefore please ensure that a **valid e-mail address** that is regularly checked is included.

There are certain departments you are not able to visit, they are:

Women & Children

Paediatrics

Emergency care

ICU

Theatre

Labs

If you have any questions regarding the application then please contact us on the above information.

Yours sincerely,

*Linda*

Linda Kirkwood  
Learning Education & Training Team



Chairman Alex Linkston CBE  
Chief Executive Jane Grant

Forth Valley NHS Board is the common name for Forth Valley Health Board  
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

[www.nhsforthvalley.com](http://www.nhsforthvalley.com) [Facebook.com/nhsforthvalley](https://www.facebook.com/nhsforthvalley) [@nhsforthvalley](https://twitter.com/nhsforthvalley)

# Application for a school placement

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Email (this is our primary method of communications) \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact No, where you can be reached during the day:

1: \_\_\_\_\_ 2: \_\_\_\_\_

School: \_\_\_\_\_

Year: \_\_\_\_\_ Applying to UCAS in the next 6 months?  NO  YES

Schools Address: \_\_\_\_\_

\_\_\_\_\_

Work Experience Co-ordinator: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Preferred dates of work experience (within the school term): \_\_\_\_\_

\_\_\_\_\_

Preferred department ('s): \_\_\_\_\_

\_\_\_\_\_

**NB** If you have spoken to any departments please give details below. If you have not contact a department then we will make the appropriate arrangements

Department \_\_\_\_\_

Dates – Confirmed – Provisional –(please mark appropriate) \_\_\_\_\_

Information will be treated in the strictest of confidence.

Please give details of any previous NHS work experience / school placements you have had.

Department	Dates from/to	Activities

**Supporting information**

This is your opportunity to promote yourself, to identify why you would like to gain a school placement within the NHS. Please use this space to provide any supporting information to go with your application. Supporting information can be anything that is not already covered by the questions on the form and may include any hobbies, interests or other activity either within or outside of school which you enjoy (continue on a separate sheet if necessary):

**Health**

Please detail any health condition that you feel might have an affect on your school placement within NHS Forth Valley, i.e. allergies, asthma etc

## Student, parent and teacher agreement to NHS Forth Valley requirements

1. NHS Forth Valley 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 workplace, to follow these rules and make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, are reported.
2. NHS Forth Valley 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 working environment and that there are security arrangements applicable to most locations.
3. NHS Forth Valley fully supports equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of ethnic origins, gender, disability, age, religion or sexuality. However some of the placements available carry an age restriction due to the nature of the work involved
4. There will not be payment for meals or travelling expenses.

**I have read and understood the above requirements.**

**A passport style photograph and all signatures MUST be obtained prior to Submitting the application.**

### Student

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/guardian

I have read and understood the above requirements. I will ensure the student carries out these obligations and confirm that he/she is not suffering from any complaint, which might create a hazard to him/herself or to those working with him/her. I give permission for my son/daughter to attend the placement within NHS Forth Valley.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### Teacher/careers adviser

I have read the placement application and give permission for \_\_\_\_\_ to attend the placement during his/her visit to NHS Forth Valley. I also confirm that he/she is currently studying at:

\_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

**Please return to: Your work experience co-ordinator at your school. The school must then forward the completed form plus a covering letter to;** (please bear in mind the revised postage costs)

Learning, Education & Training Centre  
Level 3  
Forth Valley Royal Hospital  
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