



Office Use
Received Date



## Application Form

### Work Experience / Clinical Insights

*(Delete as appropriate)*

Name:		Full Address:	
National Insurance Number:			
Date of Birth:		Postcode:	
Telephone:		Email Address:	
Are you currently in education?  (Please provide Education details: School/ College/ Course/ Exam results if applicable)		Next of Kin Details  (Name / Relationship / Contact number)	
Date of Work Experience / Clinical Insights Programme  <i>(delete as appropriate)</i>		Type of Work Experience / Clinical Insights Programme  <i>(delete as appropriate)</i>	

# Supporting Information

This is your opportunity to promote yourself and to identify why you would like to gain experience of working in a mental health NHS trust.

Why do you want to gain experience of working in a mental health NHS trust?

How will gaining experience of working at BSMHFT develop you and support your career path?

What do you think would make a good work experience applicant?

BSMHFT has many different hospitals and services, are there any area you are particularly interested in?

What are your interests, Skills and hobbies?

Anything else you would like to tell us about yourself?

--

## Referee Details

Please supply a recent reference. This can be a recent tutor or teacher, or a recent employer.

Name	
Relationship To Applicant	
Company / School / College	
Address	
Postcode	
Telephone No	
Email Address	
How long has this person known you?	

## Learning

If this work experience is to support a college course, please outline below.

Course Title	
College Details	
Teacher's Name	
Contact Number	

**WORK EXPERIENCE EMAIL DISCLAIMER INFORMATION**

Please note that email is not considered a secure method of transferring information within the NHS, unless via a secure method such as NHS.net and though the risk is minimal that your information may be intercepted you need to be aware that the risk is present.

By signing below you are consenting for BSMHFT to email you at the address you have provided.

NAME: ..... (Block Capitals Please)

SIGNED: .....

DATE: .....

## Equality & Diversity Monitoring Information

### Strictly confidential

In order to check the effectiveness of our commitment to equal opportunities we would be grateful if you would complete this section of the application form. It will be detached from your application form and will be used for monitoring purposes only.

NHS organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We welcome applications from all sections of the community.

Age at application	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Do not wish to disclose <input type="checkbox"/>		

If you live and work full time in the gender role opposite to that assigned at birth. **Please tick here**

Please note that this information will be held confidentiality and will not be accessible to managers and will not be personally identifiable to you as an individual. This information is being gathered to understand the gender identity of all our staff so we can ensure we have an inclusive working environment that does not disadvantage any group of staff)

Which of the following options best describes how you think of yourself					
Heterosexual or straight <input type="checkbox"/>	Gay or Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Other not listed <input type="checkbox"/>	Undecided <input type="checkbox"/>	Do not wish to disclose <input type="checkbox"/>

#### Disability

The Disability Act 1995 states that a 'person has a disability for the purpose of this act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'.

Do you consider yourself to have a disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If you have answered yes to the question above, how would you best describe your disability? Please tick all that apply.

Hearing <input type="checkbox"/>	Mobility <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Visual <input type="checkbox"/>	Physical <input type="checkbox"/>
Severe disfigurement <input type="checkbox"/>	Speech <input type="checkbox"/>	Learning <input type="checkbox"/>	I do not wish to disclose <input type="checkbox"/>	
Other (Please give details)				

Please indicate your ethnic origin				Religion / Beliefs		Marriage/ Civil Partnership	
Arab	[ <input type="checkbox"/> ]	Chinese	[ <input type="checkbox"/> ]	Atheism	[ <input type="checkbox"/> ]	Civil Partnership	[ <input type="checkbox"/> ]
Asian / British Bangladeshi	[ <input type="checkbox"/> ]	Mixed White/Asian	[ <input type="checkbox"/> ]	Buddhism	[ <input type="checkbox"/> ]	Divorced	[ <input type="checkbox"/> ]
Asian / British Indian	[ <input type="checkbox"/> ]	Mixed White/Black African	[ <input type="checkbox"/> ]	Christianity	[ <input type="checkbox"/> ]	Married	[ <input type="checkbox"/> ]
Asian / British Pakistani	[ <input type="checkbox"/> ]	Mixed White/Black Caribbean	[ <input type="checkbox"/> ]	Hinduism	[ <input type="checkbox"/> ]	Separated	[ <input type="checkbox"/> ]
Asian Other	[ <input type="checkbox"/> ]	Mixed Other	[ <input type="checkbox"/> ]	Islam	[ <input type="checkbox"/> ]	Single	[ <input type="checkbox"/> ]
Black African	[ <input type="checkbox"/> ]	White British/Mixed British	[ <input type="checkbox"/> ]	Jainism	[ <input type="checkbox"/> ]	Widowed	[ <input type="checkbox"/> ]
Black Caribbean	[ <input type="checkbox"/> ]	White Irish	[ <input type="checkbox"/> ]	Judaism	[ <input type="checkbox"/> ]		
Black Other	[ <input type="checkbox"/> ]	White Other	[ <input type="checkbox"/> ]	Sikhism	[ <input type="checkbox"/> ]		
		Other Stated Origin	[ <input type="checkbox"/> ]	Other	[ <input type="checkbox"/> ]		

# Student agreement to trust requirements (Parent/Legal Guardian & Teacher/school representative signatures required if under 18 years of age).

1. 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 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. 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 working environment and that there are security arrangements applicable to most locations.
3. The Trust 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.
4. There will not be payment for meals or travelling expenses.

Student Name		Date	
Signature			

*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 themselves, or to those working with him/her. I give permission for my son/daughter to take part in work experience and observe during his/her visit to the Birmingham & Solihull Mental Health NHS Foundation Trust.

Parent Guardian		Date	
Signature			

*Teacher/careers adviser:* I have read the work experience programme information and give permission for [Insert name of student] \_\_\_\_\_ to take part in work experience and observe during his/her visit to Birmingham & Solihull Mental Health NHS Foundation Trust. I also confirm that he/she is currently studying at] \_\_\_\_\_

Teacher / Careers Advisor		Date	
Signature			
Telephone Number			

## Return to:

Widening Participation Team, Uffculme Centre, 52 Queensbridge Road, Moseley, Birmingham B13 8QY.

Or Email to [workexperience@bsmhft.nhs.uk](mailto:workexperience@bsmhft.nhs.uk)

**PLEASE BE AWARE THAT THE SUBMISSION OF THIS APPLICATION FORM DOES NOT GUARANTEE OR IN ANY WAY CONFIRM YOUR WORK EXPERIENCE WITH BSMHFT.**

**IF YOU DO NOT HEAR BACK FROM THE WORK EXPERIENCE TEAM WITHIN TWO WEEKS OF THE CLOSING DATE YOU HAVEN'T BEEN SUCCESSFUL.**