



WORK EXPERIENCE APPLICATION FORM

Please complete the form below. From the information you provide, we will process your request and be in touch to advise if your request has been successful.

Title	
Full Name	
Email address	
D.O.B	DD/MM/YYYY
Address	
Contact No	
Gender	
Please indicate your ethnic origin	White <input type="checkbox"/> Mixed <input type="checkbox"/> Asian/Asian British <input type="checkbox"/> Black/Black British <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/>
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you undertaken a work placement within DBTH in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have you experienced any health concerns since your last placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Education Establishment (if applicable)	
Tutor's Name	
Tutor's Contact No	
Emergency Contact Details (Parent/Guardian)	Name: Phone Number:
Preferred date of placement (1st Choice)	



Preferred date of placement (2nd Choice)	
Preferred site (please tick all sites you would consider)	Doncaster Royal Infirmary <input type="checkbox"/> Montagu Hospital <input type="checkbox"/> Bassetlaw Hospital <input type="checkbox"/>
Preferred department/s	
If your preferred department cannot accommodate your request would like to be considered for similar area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state the educational qualifications you are currently studying	
What is your chosen career pathway/preferred career pathway?	
Why did you choose Doncaster & Bassetlaw Hospitals NHS Trust for your placement?	
What do you hope to achieve from your work placement? (list any specific objectives)	

Once completed, please email this form to dbth.workexperience@nhs.net