

# Health & Social Care Work Experience Application

# BHASVIC

Office Use Only:

Academic Year: \_\_\_\_\_ Date Received: \_\_\_\_\_

Before completing this application, please read the guidance notes. You must complete all relevant sections. We will use your BHASVIC email address to communicate with you so please ensure you check your account regularly.

## Section 1: Personal Details

Your full name:			
Date of Birth:	___ / ___ / ___		
Gender: (please circle)	Female / Male / Other	Personal Tutor:	
Address:			
Your BHASVIC Email Address:		Mobile phone number:	

Do you consider yourself to have a learning difficulty or disability (including dyslexia / medical condition)? If 'Yes' please give details on the **Medical Information Form**

Yes  No

## Section 2: Your Work Experience Placement

Do you know anyone who is able to offer you a placement?

Yes  No

If 'yes' please continue to **Section 2a**. If 'no' please go straight to **Section 3**

### Section 2a: Placement Details

**Please provide the name and contact details of the person/company who is able to offer you a placement:**

Name of Employer:

Address of Employer:

Activity of Employer (e.g. banking / retail / education):

Start date of Placement and day/times to be carried out:

Contact Name:

Telephone Number:

Email Address:

Please note that only those employers with Employers Liability Insurance may be used for work experience. We may also need to call or visit the employer to carry out a health and safety review.

Does the Employer have Employers Liability Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Please tick the statement that applies to you:**

I have already made contact with this person/company and they have confirmed I can do my Work Experience Placement with them:	<input type="checkbox"/>
I have made contact with the person/company and am waiting to hear back from them:	<input type="checkbox"/>
I have not yet made contact with the person/company but am happy to do this independently:	<input type="checkbox"/>
I have not yet made contact with the person/company and would like advice from the College on how to do this:	<input type="checkbox"/>

**Section 3: Your Career Interests**

In order of preference, which areas of work are you most interested in? If the College does help you to find a placement we will use this information to try and find a suitable employer for you. Be as specific as you can. For example, if you are interested in teaching, please state the age group you would most like to work with:

1.	2.
3.	4.

**Section 4: Student Declaration**

- I confirm the information given is, to the best of my knowledge and belief, correct.
- I agree to inform the College immediately if I can no longer undertake my placement
- I understand that the information provided on this application may be shared with other departments in the College and/or with the employer I am placed with.

Student Signature:		Date:	
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**Section 5: Parent/Carer Declaration**

- I confirm that I am happy for my son/daughter to go on a work experience placement should a suitable position be found.
- I have checked the information provided by my son/daughter on this application form, including the medical information and support needs, and can confirm that it is up to date and correct.

Parent/Carer Signature:		Date:	
Please print name:			

## Section 6: Curriculum Vitae

### Personal Profile:

Please use the space to tell the employer a little about yourself, including any skills related to the type of work placement you are interested in (e.g. computer skills), your interests and why you want this type of work placement.

### Education

<b>Current College:</b>	Brighton, Hove and Sussex Sixth Form College (BHASVIC)		
<b>Subjects Being Studied</b>		<b>Level of Study e.g. AS / A Level</b>	
<b>Qualifications Already Achieved e.g. GCSEs</b>		<b>Grade Achieved</b>	

### Employment History

Please list any job(s) you have had. This could include part-time positions, seasonal work or a Saturday job.

<b>Name of Employer</b>	<b>Job Title</b>	<b>Dates of Employment</b>	<b>Main Duties</b>

## Section 7: Medical Information & Support Needs

**In the event of an accident or emergency, the employer should notify the student's parent(s)/carer(s) (see phone number below) and then contact the College on 01273 552200 and ask to speak to a member of the Student Services Team.**

I have the following medical condition/disability/special needs:

I take the following medication(s) on a regular basis:

I have the following allergies: e.g. foods, plasters, penicillin

I have been immunised against tetanus:                      Yes       No

Please give date of immunisation:

Other factors that an employer will have to take into consideration when undertaking a risk assessment for my placement are:

Please add here any other information that you would like your employer to know about you:

**Please complete the following details so that staff at your work experience placement can contact your parent(s) / carer(s) in an emergency:**

Parent/carer 1:

Parent/carer 2:

Daytime telephone number:

Daytime telephone number:

Name of GP:

Surgery Address:

Telephone number: