

Work Experience Policy

Policy: W38

Additionally refer to:

- W30 Policy for Equality and Diversity
- W9 Dress Code and Appearance
- HS01 Trust Health and Safety Policy
- HS08 Safe Moving and handling Policy
- HS11 Health and Safety Risk Assessment Templates Policy
- Work Experience Support Pack – Trust Intranet Learning Zone

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1 Policy on a page

- 1.1 The aim of work experience is to provide the opportunity to find out about careers within a health care environment.
- 1.2 This policy describes the Trusts approach to work experience which incorporates a variety of work experiences and other work related learning activities.
- 1.3 The policy outlines the process to be followed when placing participants for work experience and the considerations that should be made by departments.
- 1.4 It is intended to assist managers in contributing to a structured programme which generates the maximum benefit for the participants, staff, managers and the Trust.
- 1.5 This policy applies to all applications for work experience placements.

2 Document statement

- 2.1 Work experience opportunities or alternatives which promote the experience of work, support the development and delivery of the We Are The NHS: People Plan 2020/21 and the Health Education England Widening Access and Participation agenda.
- 2.2 The Trust is committed to providing work experience for young persons and adults working in partnership with local Schools, Colleges and other partner organisations, such as The Prince's Trust and Jobcentre plus, to provide work placements.
- 2.3 Those participating in work experience must not be seen as supporting the replacement of permanent staff. Every effort should be made to provide a structured programme of training experience which will assist them in obtaining future permanent paid employment whether inside or outside the NHS.

3 Scope

- 3.1 Work experience at the Trust is open to everyone in line with HR01 Equality and Diversity Policy. The majority of work experience requests are from school and colleges; however there is no upper age limit in place when considering someone for a placement. However for health & safety reasons and the protection of young people, some departments have a minimum age requirement in place for work placement participants.
- 3.2 Work placements will be offered on the basis of: the Trust's ability to provide placements; availability of time and resources necessary; level of interest expressed by the applicant in the area of work selected; any objective and justifiable requirements or restrictions which affect the suitability of the applicant for the work selected; and the health and safety requirements affecting the requested work or work area. Applicants with learning disabilities are welcomed, providing a suitable placement can be found following risk assessment.
- 3.3 This policy excludes the offer of placements to applicants from Higher Education Institutes (HEIs) who are covered under separate arrangements. The Trust has formal agreements to host applicants from specified HEIs.

4 Definitions

4.1 Work experience may be defined as:

“Work experience takes place in the workplace and allows people to experience what it’s like to undertake a job supervised by staff who already work in the environment.” Work experience – a toolkit for the NHS, Health Education (2017)

All work experience placements will be unpaid.

4.2 Adapting to changing circumstances and by working in an innovative and transformational way, work experience can also be described as ‘experience of work’. This can take the form of various activities such as work shadowing, work observation or visits, work-based projects and work related learning activities. These can be delivered ‘on-site’ or by virtual platforms

5 Process

5.1 All people enquiring about work experience should be directed to the website (www.sath.nhs.uk), where they will find an up to date Work Experience Directory which lists all departments offering placements, an application form and the contact details to return the completed form to. People who do not have access to the internet at home should be directed to access via their school/college or their local library. Alternatively an application form can be sent by post to the applicant. In addition, all schools and colleges throughout Shropshire have access to and are supported by Shropshire, Telford & Wrekin Education Business Links who have copies of the Trust’s Work Experience Directory.

5.2.1 An application form (Appendix A) **must** be completed, without exception, for **all** placements, even those of a short duration. These should be sent to the relevant coordination team i.e. Workforce Transformation team, Medical Education or Clinical Practice Facilitators as indicated in the Directory.

5.2.2 It should be noted that private arrangements are **not permitted** between members of staff and personal acquaintances or family members. This is to protect the member of staff, the organisation and the applicant. No offer of a placement should be made, even in principle, before the formal application process has been made.

5.3 A work experience self-declaration form (Appendix B) must be completed and returned with the application form.

5.4 Once a coordination team has received an application for work experience, a written response within six weeks of receipt, to either confirm or decline the application will be sent. If confirming the placement, details such as dress code, start and finish times etc. will be included.

5.5 For monitoring, reporting and health & safety purposes, details of each placement will be retained on the work experience database, kept by the Workforce Transformation team.

5.6 Those on placement should be asked to complete the evaluation form (Appendix C) found in the Work Experience Support Pack. A copy should be sent to the Workforce Transformation team.

5.7 A certificate of participation will be available to those undertaking work experience for their personal portfolio.

6 Responsibilities

6.1 Department Managers

6.1.1 Department managers are responsible for selecting their own Work Placement Coordinator. The Workforce Transformation Team will keep an up-to-date list of all department coordinators.

6.1.2 A Work Experience Support Pack containing all required documentation will be delivered to the placement area prior to the placement commencing. A department offering a placement, must ensure that the member of staff coordinating the placement adheres to the following responsibilities:

- To ensure those on placement are properly prepared and briefed on the hazards within the workplace (achieved by pre-placement interview, phone call or letter). Control measures to reduce or eliminate risk of injury before a participant starts their placement should be in place (refer to section on risk assessments).
- Each department has a responsibility to ensure appropriate supervision at **all** times, and to ensure that patient care is not compromised at any time. The health, safety and wellbeing of all is paramount.
- An induction must be performed on the first day – an induction checklist can be found in the Work Experience support pack; it **must** be used and signed by all parties. All information must be relayed to the Work Experience participant on or before their first day.
- To complete a risk assessment form (refer to the Work Experience Support Pack). Refer also to the risk assessment section of this policy for further details.
- To return all relevant paperwork from the Work Experience Support Pack to the Workforce Transformation team. This will be kept for health and safety and recording purposes for six months post placement. In accordance with GDPR regulations this will be then destroyed in accordance with Trust protocol.
- To maintain links, where appropriate, with the organisation providing the work experience participant (e.g. school, college etc), as they may want to visit the participant whilst on site.

6.1.3 The Trust Health & Safety Policy (HS01) section on Protection of Young Persons should be read in conjunction with this policy and adhered to.

6.1.4 Departments also have responsibilities for patient confidentiality, safety and other staff as Outlined in section 10.

6.1.5 Some departments do not permit Work Experience participants in their areas due to the nature of the work they do (e.g. A&E, Theatres). It is therefore **essential** that the person supervising a Work Experience participant seeks permission from the manager of these areas, prior to taking a Work Experience participant there, including those 'shadowing' a Doctor. This will involve the completion of an additional Risk Assessment.

6.2 Workforce Directorate – Workforce Transformation Team

6.2.1 The Workforce Transformation team has responsibility to ensure this policy is kept up to date and to record all work placements that take place across the Trust.

6.2.2 The Workforce Transformation team has responsibility to ensure the information held on the Trust website and on the Intranet relating to Work Experience is kept up to date and reviewed annually as a minimum.

6.2.3 The Workforce Transformation team will incorporate a report on work experience activity into an annual report to the Workforce Committee.

6.3 Schools/Colleges/Partner organisations

6.3.1 The above groups must provide relevant information relating to disability or learning needs of the applicant to ensure appropriate support is available if required.

6.3.2 The reference section of the work experience application form must be completed by the above groups to endorse the suitability, e.g. supporting an interest in a specific career or supporting an application to college, university or job, of the applicant for the placement requested.

6.4 Work Placement Participant

6.4.1 It is every participant's responsibility to abide by the following guidelines, for the health and safety of both themselves and others using the health service.

- Participants must observe and adhere to all safety instructions and read the fire procedure notices displayed. They must ensure that they are aware of the procedure in case of fire in the area where they are working.
- If a participant has an accident, incident or near miss, however slight, whilst working it must be reported to the head of the department immediately and the Work Experience Coordinator in the Workforce Transformation team. A Datix/Incident Form **must** be completed and sent to the Health & Safety Advisor.
- If a participant has an accident or is taken ill during their time in the Trust their next of kin/parent or guardian should be informed immediately and a follow up call made to those who attend school or college.
- Under **NO** circumstances must a work experience participant carry out or assist in carrying out patient moving and handling procedures. A member of staff must be called if a patient requires assistance.

6.4.2 Participants must also act in accordance with Section 10 of this policy in relation to patient and staff confidentiality and safety guidelines.

7 Risk Assessments

7.1 All areas prior to accepting any work experience must have a formal risk assessment for this purpose in place. The Trust will not permit any staff member to make informal arrangements outside of this policy.

7.2 A 'generic' risk assessment form should be completed by the department manager before any work placements are introduced. This should include a focus on the specific risks to young or inexperienced people working within the department, including consideration and guidance in relation to the moving and handling of loads, reference should be made to the Trust Safe Moving and Handling Policy (HS08). This document must be modified and updated as appropriate and signed off by the manager of the department concerned. Department Managers are responsible for keeping copies of the risk assessments. Any queries should be referred to the Trust's Health and Safety Team.

7.3 Shropshire, Telford & Wrekin Education Business Links have a responsibility on behalf of the Education Committees of Shropshire County Council and Telford and Wrekin Borough Council, to approve businesses offering placements to schools and colleges. They are required to carry out work place risk assessments on an annual basis for all Departments offering placements, which will be completed each year in conjunction with Workforce Transformation team. Any new area wishing to offer work placements for the first time must undergo this assessment prior to taking any participants and must contact the Workforce Transformation Team to arrange.

8 Young People and Risk Assessments for Individual Participants.

8.1 For young persons (defined as those under 18 years of age) departments should:

- Carry out a risk assessment specific to the individual participant prior to commencement of the work placement and identify any significant risks, this will highlight any control measures that can be implemented to ensure 'so far as reasonably practicable' the health, safety and welfare of the work placement participant during their period of work experience;
- Ensure that, due to the participant possible lack of awareness of existing or potential risks, immaturity and inexperience, the work placement participant does not carry out activities associated with the work placement that are beyond their psychological or physical capabilities;
- Ensure that the participant is made aware of any risks within the work area and any activities they are not permitted to undertake.
- Ensure the participant does not undertake work activities, and are not exposed to any physical processes or to biological or chemical agents, that may have long term effects on their health;
- Ensure the participant is supervised at all times especially during patient contact.
- Ensure, as a minimum, that the participant is given the same level of health, safety and welfare provision as would be given to Trust employees;
- Ensure the participant is informed how to report accidents, incidents and concerns
- Inform the school or college of any significant finding as a result of the risk assessment and the measures that will be undertaken to eliminate or minimise the risks in order to ensure the health, safety and welfare of the work placement participant during their period of work experience.

9 Disclosure and Barring Service

9.1 DBS checks are not required for work experience participants as they will be under supervision throughout the placement.

10 Dress Code

10.1 Participants should be advised of suitable clothing in line with the Trust's Dress Code and Appearance Policy (W9)

10.2 An Identity badge must be worn by the participant **at all times** during their time within the Trust. A temporary photographic identity badge will be issued by the Estates department on the first day of placement. Request forms for badges are to be with the Estates departments at least one week in advance of placement. The badge will detail the participants name; state they are on a 'Work Experience placement, Ward/Dept 'X', and the dates of the placement.

The Estates Department will log the presence of the participant on site as per the temporary contractor's record.

- 10.3 **Before** attending on the first day of placement all participants will receive information regarding the dress code suitable for the placement area they are due to attend. This will include the requirement to comply with 'bare below the elbows' rule in clinical areas. Any protective clothing must be supplied by the department.

11 Insurance

- 11.1 The Liabilities to Third Parties Scheme (LTPS) provide the Trust with Employers Liability and Public Liability insurance cover for work experience participants. The Trust does not carry insurance against damage to property; therefore, participants should be advised against bringing valuables into the Trust.

12 Patient and Staff Confidentiality and Safety Guidelines

- 12.1 Work Experience participants are **NOT** under any circumstances permitted to read medical files. Whilst working they may see or hear things of a confidential nature. Anything concerning the diagnosis, treatment or personal affairs of a patient must not be discussed with anyone else. No personal information of any kind regarding patients, living or deceased, or concerning staff, may be disclosed. Any breach can result in legal proceedings.
- 12.2 Work Experience participants must sign a Declaration of Confidentiality form (copy of form in the Work Experience Support Pack) and be briefed of the importance of this requirement on or before the first day in the department.
- 12.3 Work Experience participants are NOT permitted to be actively involved with treatment or participate directly in anything of a clinical nature. **The agreement of the patient must be obtained by the responsible clinician before a participant observes any clinical procedure. The person supervising the participant should consider whether the procedure is likely to have a detrimental psychological effect on the participant, if deemed likely to, they must not permit the participant to observe the activity. Patients must be made aware the participant is on work experience and is NOT a member of staff.**
- 12.4 Work Experience participants are NOT normally permitted to attend during clinician/patient consultations. Exceptions would only be made if the clinician had previously obtained the patient's permission for the work experience participant to be present, as above.
- 12.5 Any equipment (including wheelchairs and trolleys) used by a Work Experience participant must have been risk assessed in line with the guidance in relation to young people, they must have received instruction in the correct and safe usage and be supervised by a member of staff (or responsible adult) at all times. Managers/supervisors are ultimately responsible for the appropriate allocation of tasks being undertaken by work experience participants within their department.
- 12.6 Work Experience participants must at all times respect the rights and choice of the patient and treat them with dignity and respect.

13. Termination of Placement

- 13.1 The Trust reserves the right to refuse to continue a placement opportunity if any participant deviates from the policy or acts in any way to endanger themselves, other employees, patients or visitors. In this situation the school, college or partner organisation will be informed immediately of the occurrence. The Workforce Transformation team should also be informed by telephone and may request a brief report from the Departmental Coordinator detailing the occurrence for future reference. The situation may also dictate the completion of a Datix/incident form.

14 Training Needs

- 14.1 There is no mandatory training associated with this policy. If members of staff have any queries about operating the content of this policy they should contact their line manager in the first instance or the workforce Transformation team for advice.

15 Implementation

- 15.1 The policy will be implemented through informing staff and managers of policy changes by use of existing communication methods, for example, corporate newsletters, Intranet. Existing Work Placement coordinators will have copies of the revised policy directly e-mailed to them highlighting any amendments.

16 Review process

- 16.1 The Trust will review this policy when there are any changes to national guidance, relevant legislation or good practice, or within the normal policy review cycle of three years.

17 Outcome of Equality Impact Assessment (EIA)

- 17.1 The outcome of the EIA on this policy showed that there was no detriment to people with any of the protected characteristics and that there was a positive impact for young people.

18 Process for monitoring compliance

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Duties	<i>To be addressed through the monitoring below</i>			
Quality of placements undertaken by participants	Collation and evaluation of feedback forms received from participants on completion of placement identifying common themes. Forming part of an Annual report.	Workforce Transformation	Annually	Workforce Committee JNCC
Volume and diversity of placements offered	Collation of data from copies of application forms. Forming part of an Annual report.	Workforce Transformation	Annually	Workforce Committee JNCC
Policy review process	Review of policy when updated	Workforce Director	On policy review	JNCC

APPLICATION FORM FOR WORK EXPERIENCE PLACEMENT

The information on this application form will be shared with your confirmed placement area.
For reporting purposes, this document will be kept for 6 months post placement date.

1. PERSONAL DETAILS

Family Name:..... First Name:

Home address:

.....

Tel No Post Code:

email address:..... May we contact you using this? Yes/No

Age: Date of Birth: Gender: Male / Female / Do not wish to disclose (Please circle)

Emergency contact (Name)..... Day time Tel No:

Have you previously had any work experience at either hospital site within the Trust? Yes/No

If so, which site and department?

Name and address of School/College/University:

.....

Current details of courses being followed (eg GCSE's/A Level's etc)

.....

.....

Career aspirations:.....

2. PLACEMENT DETAILS:

Date(s) placement required:

I would like to do my work experience placement in the following department & Hospital (please tick an area & Hospital site). Once completed please return to the relevant contact identified within the Work Experience Directory

Administration		Clinical/Patient Facing		Clinical/Patient Facing	
Clinical Audit		Audiology		Oral & Maxillofacial	
Corporate Education		Cardio-respiratory		Speech & Language Therapy	
Finance		Dental Nurse		Midwifery	
Medical Records		Shadowing a Doctor			
Medical Secretary		Occupational Therapy			
Medical Staffing		Nursing			
KPO Team		Heart assessment Team			
		Nursing			
Support Services		Nutrition & Dietetics			
Library Services		Orthoptics		PRINCESS ROYAL HOSPITAL	
Catering		Pharmacy		TELFORD	
Marketing/Communication		Physiotherapy		ROYAL SHREWSBURY	
Portering		Radiography (X-Ray)		HOSPITAL	
Switchboard		Radiotherapy (Cancer Services)			
Medical Engineering					

3. INDIVIDUAL NEEDS

Do you have any medical conditions, allergies, disability or learning needs that we should be aware of? Yes/No

If so, please give details including medication:

.....
.....

4. REFERENCE

TO BE COMPLETED BY SCHOOL/COLLEGE WORK EXPERIENCE CO-ORDINATOR/TUTOR

Please comment on students suitability for the placement requested, particular consideration should be given for requests in areas where there is access to children and vulnerable adults. By signing you are also confirming that the information contained in this application is, to the best of your knowledge, accurate.

.....
.....

Signature: Please print name:

5. DECLARATION

I understand that any placement offered will be subject to the information given on this form. If successful, I agree to work within departmental guidelines and follow instructions given.

Signed: _____ Date: _____

***FOR STUDENTS UNDER 18 YEARS OF AGE:**

Agreement must be given by your Parent or Guardian:

Signed: _____ Date: _____
Parent/Guardian

6. Ethnic Origin

Please tick the ethnic group which you feel you belong to.

White British	Black/black British Caribbean	Any Other
White Irish	Black/Black British African	Do Not Wish To Disclose
White Other	Black/Black British Other	
Mixed White/Black African	Indian	
Mixed White/Black Caribbean	Pakistani	
Mixed White/Asian	Bangladeshi	
Other Asian	Chinese	

7. FOR TRUST DEPARTMENT USE ONLY

Placement agreed by:

Dates agreed: From: _____ To: _____

Work Experience Self Declaration Form

Before you can be considered for a placement with The Shrewsbury and Telford Hospital NHS Trust, we need to be satisfied about your character and suitability for work experience. Please read the following notes carefully before completing this declaration form. All enquiries will be treated in strict confidence.

We do not aim to discriminate against applicants with criminal convictions or other information that is declared. Prior to making a final decision regarding your application, we will discuss with you any information that has been declared that we believe may adversely affect your suitability for a placement.

Please answer all of the following questions. If you answer 'Yes' to any of the questions, please provide full details in the space provided. Also use the space below to provide any other information that may have a bearing on your application. You may continue on a separate sheet if necessary, and you may attach supplementary information should you wish to do so. If in doubt, please include the item or contact the Workforce Transformation team.

The placement which you are applying for is exempt from the Rehabilitation of Offenders Act 1974. This means that you must declare all juvenile or adult convictions, cautions, reprimands or warnings - including those that would otherwise be considered 'spent'.

- **Prison sentences**
- **Dismissal from Her Majesty's service**
- **Detention in youth custody / young offender detention**
- **Disciplinary proceedings**
- **Fines (but not parking offences)**
- **Probation order or community order**
- **Absolute / Conditional discharge**
- **Binding over (including Cautions), care order, supervision order and reception order**
- **Disqualifications**

1. Are you currently bound over, or have you ever (as a juvenile or an adult) been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country? (You **do** need to tell us about driving offences but **do not** need to tell us about parking offences).

NO YES *(please delete as appropriate)*

If **Yes**, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

2. Have you ever (as a juvenile or an adult) received a police caution, reprimand or final warning, 'spent' or otherwise?

NO YES *(please delete as appropriate)*

If **Yes**, please include details of the caution, reprimand or final warning, including the date and reason administered.

3. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of? (You must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form).

NO YES *(please delete as appropriate)*

If **Yes**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting.

4. Are you aware of any current police investigation in the United Kingdom or in any other country following allegations made against you?

NO YES *(please delete as appropriate)*

If **Yes**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the police.

5. Are you aware of any current NHS Counter Fraud and Security Management Service (CFSMS) investigation following allegations made against you?

NO YES (please delete as appropriate)

If **Yes**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFSMS.

Declaration

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this placement. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the trust who are authorised to view it as a necessary part of their work.

Please sign and date this form.

I consent to the information provided in this Self Declaration Form being used by The Shrewsbury and Telford Hospital NHS Trust for the purpose of assessing my suitability for my application, and for enquiries in relation to the prevention and detection of fraud.

I confirm that the information that I have provided in this Self Declaration Form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may application being rejected or if I'm placed, in my dismissal.

Applicant Name: (Please print).....

Applicant's signature: Date:.....

Print Name of Parent or Guardian (if applicant under 18):

Date:

If any of the above circumstances change from the time of completing the form to the time of placement you must inform us straight away. If you wish to withdraw your consent at any time after completing this Declaration Form, please contact the Work Experience Team on 01952 641222 ext 4828.

Please return the completed form along with your work experience application form.

Work Experience Feedback Sheet

We are constantly monitoring the effectiveness of our work experience programmes throughout the Trust. We value your opinion and would be interested to hear your comments on your placement with us. We would appreciate constructive comments and criticism. Please return your completed form to the department's Work Experience Coordinator or if you prefer to the Workforce Transformation Team, Education Centre, PRH.

Name:

Hospital based in for placement:

Ward/Dept:

Dates of placement:

1. Overall, did you enjoy your placement?

Yes No

2. What 3 aspects did you enjoy most about the placement?

i)

ii)

iii)

3. What 3 aspects did you enjoy least about your placement?

i)

ii)

iii)

4. Were you told about the following within the Ward/Department?

Fire Alarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health & Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifting & Handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confidentiality	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. What sort of work did you do during the placement?

.....
.....
.....
.....

6. Was this what you expected to do during the placement?

Yes No

7. Were you considering a career in the NHS before the Work Experience?

Yes No

8. Would you now consider a career in the NHS in the future?

Yes No

9. If the answer to the previous question was 'No', why not?

.....
.....

10. What did you feel could be done to improve the experience at the Trust in the future?
(please give details).

.....
.....

11. Please use this space for any further comments you wish to make about your work
experience placement.

.....
.....
.....
.....

Thank you for taking time to complete this feedback sheet

(please send a copy of the completed form to Workforce Transformation, Education Centre, PRH)