Text

Description automatically generated with low confidence

**Work Experience application form** – please complete all questions below and email to [bor.workexperiencerequests@borders.scot.nhs.uk](mailto:bor.workexperiencerequests@borders.scot.nhs.uk)

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Date of Birth:** |  |
| **School / College:** |  |
| **School Year:** |  |
| **Email address:** |  |
| **Phone number:** |  |
| **Emergency Contact name & contact number:** |  |
| **Name of Guidance Tutor / Work Placement Co-ordinator:** |  |
| **Subjects studied / Intend to study:** |  |

**Please tell us about yourself and your motivation behind this application:**

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**How would your friends and family describe you?**

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**What are your strengths and area's you would like to develop?**

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**What are your career plans?**

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**Tell us about your hobbies and interests:**

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**Please specify the dates and hours you could be available to attend the placement:**

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**If you already have an idea of the type of work you want to do, or which department you would be interested in, please let us know:**

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**If you have already made arrangements with a specific member of staff, please state their name and department:**

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**Please tell us why you have chosen this area / department:**

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**Tell us why you think you would be suited to this area of work:**

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**Thank you, a member of our HR team will contact you regarding your enquiry**.

**Please pass this form on to the person providing your Supporting statement for completion. This section must be completed prior to submission for work experience.**

**Supporting Statement:** Please comment on the applicant’s suitability for work Experience below:

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Name: Date:

Position: Educational Establishment: