



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Work Experience Application Form (Part 1)

Full Name	Date of Birth (dd/mm/yyyy)
	School/College/University:
Current Address, including postcode:	Teacher/Tutor Name:
Contact Number: Current e-Mail Address:	Contact Details:
Next of Kin Name:	Relationship:
Contact Number:	
Current educational courses studying/applied to study:	
Additional Information (Anything you feel would help us with arranging your placement ie. what sort of placement you are looking for, area(s) that you are interested in and expectations from the placement)	

March 2023

Please return form to velindre.trusted@wales.nhs.uk



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Part 2 - For Managers/Hosts

Placement role:	
Trust Base:	
Placement Start Date: <i>(A start date cannot be agreed until all checks have been completed and the honorary contract issued)</i>	
Placement End:	
Name of Trust Student Supervisor:	
Job Title of Trust Contact:	
Will the Student have:	<i>Access to patient identifiable information?</i> Yes No
Will the Student have:	<i>Direct contact with patients?</i> Yes No
Will the Student have:	<i>Direct contact with vulnerable adults?</i> Yes No
Will the Student work within a clinical environment?	Yes No
Will the Student be eligible to receive expenses?	Yes No

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