**Student Application Pack**

Thank you for showing an interest in a placement or programme at Northern Devon Healthcare Trust.

Across Devon, our teams of care professionals work with patients and their families to support people’s independence, health and wellbeing. We provide support to avoid hospital admissions, and if an admission is necessary, we try to make each patient’s stay in hospital as short and effective as possible before working with them on a safe discharge home.

In any 24 hours our health and social care community teams visit around 450 patients in their own homes to help them rehabilitate after illness or injury. At any one time, they are overseeing around 8,850 people’s care.

Our domiciliary care service, Devon Cares, works in partnership with high quality local care agencies to provide social care to people in their own homes.

Our values guide everything we do. At all times, we aim to:

* Demonstrate **compassion**
* Strive for **excellence**
* Respect **diversity**
* Act with **integrity**
* Listen and **support** others

We employ 3,125 staff and we provide services covering the whole of Devon and Torbay, and our specialist services cover Cornwall and the Isles of Scilly.

In 2018/19, we saw:

* + **47,672** ED attendances
	+ **12,055** MIU attendances
	+ **31,332** inpatients
	+ **20,322** day cases
	+ **309,349** outpatients
	+ **1,285** babies delivered

**Student Application Form**

I would like to apply for:

Medics Academy

Health & Care Academy (10 weeks)

Business Academy

Industrial Placement (45 weeks) Petroc students only

1 day work shadowing (over 16 years only)

If you are under 18 years, this must take place in term time.

 Year 10 Work Experience (1 week in July)

Please read and complete all the relevant parts of this pack and return them to the person who sent it to you. If the applications are being shortlisted please remember that the detail and quality of your application is important to secure an interview and placement.

If you are under 18 years old, make sure your parents have read and countersigned each form too.

Enclosed in this pack are:

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***Please attach a passport sized photo here***

***For work experience only***

**Applicant details**

|  |  |  |
| --- | --- | --- |
| Surname/Family Name |  | Address:Postcode: |
| First names: |  |
| Date of Birth |  |
| Contact phone no: |  |
| e-mail Address:*Please check your junk folder regularly for our emails* |  |
| I am happy for you to store my email and contact me in the future | **Yes/No\****Please delete as applicable* |

**Emergency Contact details**

|  |  |
| --- | --- |
| Name of contact  |  |
| Relationship |  |
| Telephone number(s) |  |

**School/College you are attending (if applicable)**

|  |  |
| --- | --- |
| Name of school/college  |  |
| Teacher/Careers advisor contact details |  |
| Telephone number(s) |  |
| **If you are not attending a school/ college**, supply a name of a referee who will detail your suitability for this placement. This person should know you in a professional capacity and not be a relative. |
| Name of Referee: |  |
| Position Held: |  |
| Address: |  |
| Telephone No: |  | Email address: |

**Disability declaration**

|  |  |
| --- | --- |
| Do you have a disability? |  Yes No |
| If yes, do you require any reasonable adjustments to be made during your placement? |  |

**Ethnicity** – I would describe my ethnic origin as:

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British**🞎 Bangladeshi 🞎 Indian🞎 Pakistani🞎 Any other Asian background**Black or Black British**🞎 African🞎 Caribbean🞎 Any other Black background | **Mixed**🞎 White & Asian🞎 White & Black African🞎 White & Black Caribbean🞎 Any other mixed background**White**🞎 British 🞎 Irish🞎 Any other White background | **Other Ethnic Group**🞎 Chinese🞎 Any other ethnic group🞎 I do not wish to disclose this |

This is your opportunity to promote yourself. Please identify why you would like to gain some work experience within a hospital and /or health & Social care environment in the NHS. **What are your career aspirations?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please highlight your preferred area(s) of placement.**

|  |  |
| --- | --- |
| Nurse | Doctor |
| Midwife | Healthcare Science (e.g. Laboratories, Pharmacy) |
| Allied Health Professional (e.g., Occupational Therapist, Radiologist, Physiotherapist, Operating Department Practitioner ) | Non-clinical (e.g. Administration, receptionist, finance, fundraising,secretary) |
| Information Technology (IT) | Other (please state) |

 |

**Student Placement Important Information**

The following information will help you prepare for your upcoming placement. Please sign and date to show your acknowledgment and return. **Remember to keep a copy for** **yourself**.

**Security Badges:** It is a requirement that every person should display an identification badge when working on any site associated with the Trust. This will be issued to you on your first day. Please return at the end of your placement. . If you are a student in further or higher education please also wear your student ID badge these must be on a retractable lanyard.

**Uniform:**You will be advised of the uniform requirements but must adhere to the following:

* Wear flat shoes which are closed in.
* No short skirts, jeans, leggings or low cut tops
* No wrist watches or jewellery (including charity wristbands)
* No rings other than a plain wedding band
* Have short, trimmed, natural nails
* No nail polish
* **‘Bare Below the Elbows’ -**  Wear short sleeves or sleeves that are rolled up (if there are any religious or cultural dress requirements that make compliance difficult please discuss with us prior to your placement)
* Long hair must be placed in a bun, minimal make up and stud earrings are acceptable.

**Health and Safety**: Under the provisions contained in the Health and Safety at Work Act 1974, the Trust undertakes to ensure so far as is reasonably practicable the health, safety and welfare at work of all its human resources. It is your duty to:

 i) Take reasonable care of yourself and others at work

ii) Co-operate with the Trust as far as is necessary to enable them to carry out their legal duty

iii) Not intentionally or recklessly to interfere with anything provided, including personal protective equipment, for health and safety or welfare at work.

iv) Advise the Trust promptly of any injury sustained whilst at work or sustained elsewhere that might affect your ability to carry out the duties and responsibilities of your work experience placement.

**Unfamiliar environment**

**Psychological/emotional:** Within the daily work of the hospital, you may be exposed to distressing situations. This might include a patient becoming distressed, a patient’s condition deteriorating, or even the death of a patient. You may also see procedures or conditions which you will find upsetting. Although we will do our best to pre-empt these situations, you should be prepared for them. Please tell the person working with you if you are upset, so that we can talk about the issues as soon as it is clinically possible.

There might be a risk of verbal abuse from patients or visitors in the trust. You will not be expected to deal with any incident of this sort. If you are unfortunate enough to witness this type of behaviour, you should excuse yourself, and contact the nearest member of staff.

**Physical:** You must not move or handle any heavy objects. These can include boxes, equipment, and patients. There is a risk that you may feel physically unwell after observing medical procedures. This is perfectly normal, if this happens please let a member of staff know immediately.

**Infection control:** You must also be aware that being in a hospital environment may mean that exposure to viruses and other infections will be higher than in your normal environment. However, the infections will not be different to those you may come into contact with in your normal life. We will not expect you to work in areas, or with patient groups, where observation would carry a high risk of infection. Students should avoid contact with bodily fluids. In order to minimise the risk of infection, you must follow instructions given by members of staff at all times. You must also ensure that your standards of personal hygiene are very high. You must wash your hands at the beginning and end of each session, and if you use the toilet facilities. In order to minimise risks of cross infection clothes should be changed daily. You must not under any circumstances handle sharps (needles or other sharp objects).

Facemasks must be worn in all clinical areas and changed every 4 hours, or after eating or drinking. Please check with your supervisor on arrival if this has changed.

Do not handle patient belongings.

**Exposure to substances:** A hospital will use a number of hazardous substances. You will not be expected to handle any substances which are considered to be hazardous. You must not touch any substance unless you are sure you know what it is and that it is not hazardous. This is particularly important when you are observing in clinical areas.

**Risk of accidents:** In order to minimise risks you will be supervised at all times when you are observing a clinical session. At other times you must ensure that you only access areas you have been given permission to enter, and that you only observe planned procedures under supervision. It is essential that you follow instructions carefully, and leave any area immediately if you are asked to do so.

**The fire** procedure relevant to the division and department of your work experience placement will be explained to you and you are required to comply with these.

**Social Media Use:** All individuals involved in the use of social media such as Facebook/Twitter or other media, have a duty and responsibility to treat all information which has been provided or received concerning the Trust in the strictest confidence. Therefore no mention of the Trust or patients should be posted on any of these sites.

All individuals should ensure that they do not conduct themselves in a way that is detrimental to, or damages the reputation of the Trust.

**Mobile Phone Use:** All mobile phone devices (phone, smartphone or media tablet) should be switched off/or switched to silent during the time you spend in The Trust with the exception of break times.

Please note the camera or audio functionality of any mobile device is not to be used without the consent of your Placement Manager or The Works Experience Manager.

**The Working Time Regulations 1998 (SI 1998/1833):** You are required to comply with Trust policy on implementation of the Working Time Regulations, including declaration of placement hours and breaks taken, completing written records if required, and reporting any instances where your pattern of placement hours may constitute a health and safety risk to yourself, patients, the public and other Trust employees.

You have the right not to be subjected to any unlawful detriment by reporting any concerns under the regulations.

**Duty of Candour:** All students, regardless of seniority or permanency, should understand the organisation’s responsibility to be open and transparent in their communication with people in relation to a reportable safety incident.

If you see anything which concerns you during your time with The Trust, please ensure you contact the work experience coordinator.

**Equality and Diversity:** Royal Devon NHS Foundation Trust is an Equal Opportunities employer. All individuals undertaking a work experience placement have a personal responsibility to contribute to an inclusive environment for patients, carers, visitors and other colleagues in accordance with the Trust’s values and policies. Your behaviour should not be discriminatory or cause offense.

**Code of Conduct:** You are required to conduct yourself in a professional manner during your time with The Trust which includes being constructive, open, sensitive, responsive, supportive, respectful, treat everything as private and confidential and be on time.

**Disclosure Clearance (if applicable):** At any time, the Trust reserves the right to request a full Disclosure Check through the Criminal Records Bureau. All information will be treated in confidence, but where a conviction is disclosed, the appropriate action will be taken, which could lead to the termination of your work experience placement.

**Loss/Damage of Personal Effects:** No liability can be accepted for loss or damage to personal property by burglary, fire, theft, or otherwise. During the period of your placement you will not, at any time, be regarded as an employee of the NDHT, and will not be eligible for remuneration in respect of your work placement with the NDHT.

*The Trust retains and processes personal data on its work placements. The Trust takes all reasonable steps to ensure that the data it holds is accurate, complete, current and relevant. If you consider that data held on you may be inaccurate, or if you wish to have access to such data, please contact your Work Experience Co-ordinator.*

**I have read and understood the NDHT Important Information.**

|  |  |
| --- | --- |
| **Signed by student** |  |
| **Signed by parent/guardian (if under 18)\*****\*If you are completing this electronically this box must contain an adult’s signature or photo of their signature** |  |
| **Date** |  |

**CONFIDENTIALITY STATEMENT**

All information concerning the Trust’s patients must be treated as strictly confidential at all times, unless disclosure is expressly authorised by the Head of Department. Misuse of or a failure to properly safeguard confidential data will result in the termination of your work experience placement with immediate effect.

Personal information concerning members of staff may be divulged only with their consent or if the giving of it is a necessary part of official procedure. Unauthorised disclosure of confidential information will result in the termination of your work experience placement with immediate effect.

Under no circumstances should any information be given to representatives of the media on any subject concerning the Trust’s facilities, its patients or staff, without the written authority of the Chief Executive.

**Notes for Guidance**

1. Under no circumstances should you discuss anything you have seen or observed regarding a patient, outside the hospital, via social media or even with your colleagues. Any such discussions with your colleagues should only contain the minimum required to execute your duties effectively.
2. It may be necessary during the course of your duties for a senior person to discuss a patient’s condition anywhere within the Trust premises to assist with the explanation of how a patient is treated. Under no circumstances should this be discussed outside of the work place with colleagues, friends, teachers or parents.
3. Any requests for information by patients or their relatives should not be dealt with. Refer all enquiries to a senior person.
4. Rooms in which medical records are stored should be locked whenever possible when they are left unattended.
5. If anyone, regardless of their position, relative or doctor, asks you to give them any verbal or written information about what you have observed or been told about a patient, refer them to a senior person.
6. If a stranger is seen looking at patient’s medical records you should report this to a senior person.

**DO NOT UNDERESTIMATE THE IMPORTANCE OF CONFIDENTIALITY**

Northern Devon Healthcare Trust requires that you maintain patient and individual confidentiality at all times. Failure to do so will result in immediate termination of this placement.

A breach of confidentiality could also lead to the person you are responsible to being disciplined.

It could mean that the work placement programme is not offered in the future. It can also put other people at risk of harm. You would be betraying the trust of the organisation, your parents and your school

**Confidentiality Statement**

**I hereby declare that I fully understand what is meant by the term "Confidentiality" and I undertake never to divulge information to anyone without the authority of the Ward or Department Manager. I understand that to do so may result in legal action.**

**I accept the condition implied by signing this form and failure to comply with my obligations will result in my placement being terminated.**

|  |  |
| --- | --- |
| **Signed by student** |  |
| **Signed by parent/guardian (if under 18)\*****\*If you are completing this electronically this box must contain an adults signature or photo of their signature** |  |
| **Date** |  |

**PHOTO CONSENT DECLARATION**

Name of person being photographed…………….……………………

**Statement:** I am a student of Royal Devon NHS Foundation Trust and I agree to be photographed and for those images to be reproduced in printed materials (for example in leaflets, magazines and posters) and online (for example on websites and social media). I also authorise the Trust and Devon County Council to use this photograph for press and publicity purposes.

**Trust contact details: (call us if you change your mind).**

**Communications Department - 01271 311 575**

|  |  |
| --- | --- |
| **Signed by student** |  |
| **Signed by parent/guardian (if under 18)\*****\* If you are completing this electronically this box must contain an adult’s signature or photo of their signature** |  |
| **Date** |  |

**TRAVELLING IN CARS WITH MEMBERS OF STAFF**

Name of person travelling in a car…………….……………………

**Statement:** I am a student of Royal Devon NHS Foundation Trust and I am happy to travel with a member of staff in their car for the purpose of my placement. I understand I may be visiting patients in their own home.

|  |  |
| --- | --- |
| **Signed by student** |  |
| **Signed by parent/guardian (if under 18)\*****\* If you are completing this electronically this box must contain an adult’s signature or photo of their signature** |  |
| **Date** |  |

**Health Declaration**

I am up to date with usual childhood vaccinations documentary evidence may be required upon request

**Yes** 🞎  **No** 🞎

I have had 2 doses of measles, mumps and rubella (MMR) vaccine documentary evidence may be required upon request

**Yes** 🞎  **No** 🞎

I have had chicken pox (Varicella)

**Yes** 🞎  **No** 🞎

Were you born or raised in a tropical or subtropical country?

**Yes** 🞎  **No** 🞎

I declare that I am fit and well and have no underlying medical condition to work in a hospital environment. It will be my responsibility to inform you if I have any special requirements. **Yes** 🞎  **No** 🞎

**I am aware that I should not go into the hospital environment if I am feeling unwell or if I have a high temperature.**

**I will do a lateral flow test on the morning of my placement If it is positive, I will let my supervisor know and not attend.**

**PLEASE NOW FOLLOW THE LINK TO COMPLETE OUR ONLINE RISK ASSESSMENT TO DETERMINE YOUR COVID AGE:** <https://alama.shinyapps.io/Covid_Age/>

**Please enter your COVID age here:**

**Please provide the dates of your COVID vaccination:-**

**1st Dose …………………………………………………………. 2nd Dose …………………………………………….**

**Booster(s): …………………………………………………….**

**I declare that the health information above is accurate and correct.**

|  |  |
| --- | --- |
| **Signed by student** |  |
| **Signed by parent/guardian (if under 18)\*** |  |
| **\* If you are completing this electronically the box above must contain an adult’s signature or photo of their signature** | **Date** |

**Optional:** If you would like to nominate a person to discuss your health declaration, with a member of the Occupational Health Team.

**Please provide name of nominated person** ……………………………………………………………………….

Contact Number ……………………………………………………………………………………

**NURSE SIGNATURE:…………………………………………Name………………………..**

**Date…………………………**

**For placements covering more than 1 week**

e.g. Care & Medic Academy and Industrial Placement Students.

**Information for Work Placement Students who are doing a work placement without evidence of a BCG scar.**

**The likelihood of exposure to TB in any hospital ward at Northern Devon Healthcare is minimal.** NICE guidelines state (R121 p77) that ‘he or she should not work where there is a risk of exposure to TB’.

If restriction is proposed as per NICE guidelines, the high risk areas would normally be respiratory and infectious disease wards, Intensive Care Units and pathology laboratories. However, there is no clinical area where there is NO risk and a decision should be made on a case by case basis depending on the nature of the work/type of procedures performed as well as the clinical area. Certain procedures are high risk regardless of where they are performed, for example an ITU cleaner would not be at the same level of risk as ITU clinical staff performing basic life support.

Consideration should therefore be given to any underlying health problems in the work placement student. For example if you have HIV or if your immunity is compromised in any way you must inform the Occupational Health Department and your placement coordinator.

**TUBERCULOSIS (TB) IMMUNISATION DISCLAIMER**

**NAME: DOB:**

**Student programme:**

I do not have a BCG scar or evidence of immunisation and the implications of this have been provided to me via a letter from Occupational Health.

Whilst doing my placement at the Trust I must not have close patient contact in Glossop ward, ICU or MAU.

If I am exposed to TB I have the responsibility to contact Occupational Health for further screening.

I am aware that my placement coordinator will be informed of this disclaimer (Health and Safety at Work Act 1974.)

|  |  |
| --- | --- |
| **Signed by student** |  |
| **Signed by parent/guardian (if under 18)\*** |  |
| **Date** |  |

**NURSE SIGNATURE:…………………………………………Name……………………….Date…………………………**

**\* If you are completing this electronically this box must contain an adults signature or photo of their signature**

**Reflection and feedback**

We hope this is a worthwhile placement/ programme for you in making your future career decisions. When applying for future courses or jobs, it is good to have written evidence of your attendance and performance within the NHS. Please use this page to collect feedback from your supervisor(s).

If you have more than one placement, copy this page before your first placement.

|  |
| --- |
| Please provide a summary of the activities you observed today. What did you enjoy and what could you have done better? |

**De-brief session carried out** Yes [ ] No [ ]

|  |
| --- |
| **Supervisor’s feedback** on your performance and engagement: |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Department: | Supervisor’s name: | Supervisor’s signature: |

**Reflect on the comment above and use them to improve your skills. Retain this page for your portfolio.**