

For School Use  
If applicable:



## Work Experience Application Form

**IF APPLYING AS PART OF YOUR SCHOOL WORK EXPERIENCE WEEK PLEASE ENSURE YOU COMPLETE THIS SECTION:**

Work Experience Week/Dates.....

School.....

Work Experience Coordinator.....Email.....

School Telephone Number.....

**IF NOT APPLYING AS PART OF YOUR SCHOOL WORK EXPERIENCE WEEK PLEASE ENSURE YOU COMPLETE THIS SECTION:**

Work Experience Week/Dates being requested.....

### PERSONAL INFORMATION

Title (Miss/Ms/Mrs/Mr).....

Name .....

Date of Birth ..... Age.....

Telephone Number .....

Email Address .....

Address .....

.....

Post Code .....

**PLEASE INDICATE YOUR CHOSEN CAREER PATH**

.....

Please indicate your choice of placement and list your preference in order (e.g. midwifery, cardiology)

- 1.
- 2.
- 3.

**PLEASE INDICATE THE LOCATIONS YOU CAN CONSIDER**

Placement Location: using numbers (1 being your first choice, 2 being your second choice, etc) please mark all the areas that you could attend your placement.

- |                                  |                          |                                |                          |
|----------------------------------|--------------------------|--------------------------------|--------------------------|
| Royal Infirmary Edinburgh        | <input type="checkbox"/> | Western General Hospital       | <input type="checkbox"/> |
| Astley Ainslie Hospital          | <input type="checkbox"/> | St. John's Hospital Livingston | <input type="checkbox"/> |
| Royal Hospital for Sick Children | <input type="checkbox"/> | Liberton Hospital              | <input type="checkbox"/> |

Other .....

**Please note that whilst we will endeavour to place you within your chosen career pathway, for organisational reasons this may not always be possible.**

**Self Found Placements:**

**If you have arranged the work placement directly with the department complete this section:**

Name of placement provider .....

Dates agreed with self found placement provider .....

Telephone Number .....

Email address .....

Location .....

**EMERGENCY CONTACT INFORMATION**

**Name** .....

**Telephone Number** .....

**Relationship to you** .....

**Do you have any Special Requirements that we need to be aware of (e.g. health/disability etc that need to be borne in mind when finding an appropriate placement)**

**SCHOOL/FURTHER EDUCATION DETAILS:**

**Name of School/College/University currently studying at:**

.....

**Complete this section If you are applying through an External Agency  
(i.e. WORKS, Access to Industry)**

**Name of Agency** .....

**Name of Staff Member** .....  
(To be communicated with re this placement)

**Contact Number** .....

**Email Address** .....

**Qualification Achieved**

<b>Subjects</b>	<b>Type of Qualification eg. Nat 4, Nat 5, Higher,</b>	<b>Grade Achieved</b>

**Qualifications currently studying**

<b>Subjects</b>	<b>Type of Qualification e.g. Nat 4, Nat 5, Higher,</b>	<b>Grade Anticipated</b>

<b>EMPLOYMENT HISTORY – START WITH MOST RECENT</b>			
<b>Job Title</b>	<b>Employer</b>	<b>Date From</b>	<b>Date To</b>

**MINI STATEMENT IN SUPPORT OF APPLICATION**  
(Detailing interests/skills relevant to placement/s applied for)

**PLEASE RETURN THE COMPLETED APPLICATION FORM TO:**

Email: [workplacements@nhslothian.scot.nhs.uk](mailto:workplacements@nhslothian.scot.nhs.uk)

**Post:**

Employability & Placement Team  
Recruitment Centre  
St John's Hospital  
Livingston  
EH54 6PP

**WHAT HAPPENS NEXT:**

**School Work Experience Week Applicants**

If applying as part of your school work experience week we will notify your guidance teacher 4 weeks before the date you have requested to advise whether or not your application has been successful

If successful, a patient confidentiality statement and work placement agreement which contains reporting details for your placement will be sent to your guidance teacher to be given to you to sign & return to us prior to your placement commencing.

**Non School Work Experience Week Applicants**

If applying out with school term time a member of the team will be in touch with you prior to the dates you have requested to advise if your application has been successful.

If successful, a patient confidentiality statement and work placement agreement which contains reporting details for your placement will be sent to you by email you must sign & return this to us prior to your placement commencing.

**\*\*Please note – the e-mail address you provide on the application form will be used to communicate any further correspondence relating to this application\*\***

## Application Criteria for Clinical Placements in NHS Lothian

### Initial Screening

Living/Studying within Lothian Area

Any applicant that is not currently in their 5<sup>th</sup> year of study or above and 16+ should be rejected and notified of the reason and encouraged to reapply when suitable.

### Medicine

#### Current and Previous Studies

The predicted grades of the applicant should be stated on their application form. All medical schools in Scotland accept SQA Highers, usually at AAAAB or AAABB grades in S5 and SQA Advanced Highers at AB or BBB in S6. Any student who has not achieved this or has not predicted will achieve this should be rejected and notified of the reason. If the number of applications received is larger than available placements please use the below to select the candidate.

#### Highers

AAAAA

AAAAB (B not in chemistry/biology)

AAABB or AAAAB (with B in chemistry/biology) or AAAAC

AAABB (B's in Chemistry and Biology)

#### National 5's

All A's

One B (not in chemistry/biology)

One B (chemistry or biology)

One C or two B's

#### Previous Work Experience

If the student has had a placement within NHS Lothian within the current academic year (excluding medic insight) will be low priority.

Statement in support of application (detailing interests/skills relevant to placement applied for)

- Has the applicant conveyed their desire and current understanding of a career in medicine?
- Has the applicant identified what they have done that shows they are suited to medicine.
- has the applicant identified what they are looking to gain from work experience within NHS Lothian

## **Nursing/Midwifery**

### **Current and Previous Studies**

The predicted grades of the applicant should be stated on their application form. The minimum academic entry requirements for nursing degrees vary, but most universities in Scotland require SQA Higher BBC grades, including English and a science subject. A pass in National 5 English and Maths grade A - C is also required, if these subjects are not achieved at SQA Higher grade. The minimum academic entry requirements for midwifery degrees vary, but most universities in Scotland require 4 SQA Highers at BBBC grade, including English and a science subject. A pass in National 5 English and Maths grade A - C may also be required, if these subjects are not achieved at SQA Higher grade.

### **Previous Work Experience**

If the student has had a placement within NHS Lothian within the current academic year will be low priority.

Statement in support of application (detailing interests/skills relevant to placement applied for)

- Has the applicant conveyed their desire and current understanding of a career in nursing or midwifery?
- Has the applicant identified what they have done that shows they are suited to nursing or midwifery.
- has the applicant identified what they are looking to gain from work experience within NHS Lothian

**Application forms for areas out with medicine & nursing to be sent to department directly for consideration.**

I.e. Pharmacy, Dentistry, Labs, Diagnostic Radiology, Therapeutic Radiology, Physiotherapy, Occupation Therapy, Medical Photography, Prosthetics, Medic Physics etc.