**St Gemma’s Hospice**

**Placement Application**

To allow us to plan your placement and try to ensure your learning objectives are achievable, please complete this application form

**Personal Details** *(clearly printed please)*

|  |  |
| --- | --- |
| Title: | Mr / Mrs/ Miss / Ms/ Dr |
| Surname: |  |
| Forename: |  |
| Date of Birth: |  |
| Home Address: |  |
| Telephone Number (Day): |  |
| Telephone Number (Eve): |  |
| Mobile Number: |  |
| Email address: |  |
| Emergency Contact Name: |  |
| Emergency Contact Tel No / Mobile No.: |  |
| Do you have any special needs? (If so, please give details) |  |

**Personal Checks**

In order for us to process your request, you will be asked to provide the details of a referee from either your place of work or study. Your referee will be sent a referee check form which asks them to confirm that you are of integrity and good character, will benefit from the placement, have the right qualifications and skills for the placement. If your placement is for more than 2 days your referee will also be asked to confirm that you are physically and mentally fit for the placement and they have an appropriate enhanced Criminal Records Bureau disclosure check.

**Note**: You will not be able to commence your placement until both this application form and the referee check form have been returned to our office.

**Current Education / Employment Information**

Are you currently employed? **Yes** (please provide details below) **No**

|  |  |
| --- | --- |
| Place of employment |  |
| Position held |  |

Are you currently in Education? **Yes** (please provide details below) **No**

|  |  |
| --- | --- |
| Name of education body |  |
| Detail of course currently being undertaken? |  |

Referee in support of this placement:

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Telephone Number |  |
| Email address |  |

**Please note: that your referee will be contacted directly in order to complete a referee check, please advise your referee of this placement application in advance.**

**Placement Details**

|  |  |
| --- | --- |
| Preferred date of Placement |  |
| Preferred length of placement |  |
| Please give alternative dates |  |

Please identify the type of professionals or departments you would like to visit.

|  |
| --- |
|  |

Please specify your key learning objectives from your placement:

|  |
| --- |
|  |

How would you like the hospice to facilitate this for you?

|  |
| --- |
|  |

How is this linked to your current course/module learning outcomes or role specification?

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | Declaration  I understand that any placement offered will be subject to the information given on this form and the referee check form completed by my employer / place of study. If successful, I agree to work within the departmental guidelines and follow instructions given.  I confirm that I have a current CRB and this will be verified by my employer / place of study via completion of the referee check form.  I will at all times observe the Hospice rules and regulations in relation to Fire, Health & Safety, Information Governance and Security. I will familiarise myself with the written Policies and Procedure of the Hospice regarding Fire, Health & Safety and Security which are available in every ward and department or from the Personnel Department.  Health service work is intrinsically confidential in nature. Patient information is of course "strictly confidential". Information relating to members of staff and to the business interests of the Hospice of which you may become aware during the course of your placement with the Hospice must also be treated as confidential.  This placement is not a contract of employment and no employer/employee relationship will arise between the Hospice and yourself by virtue of this placement.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**Please return the completed form to:**

**Amanda Dagnall**

**Academic Unit of Palliative Care Manager**

**St Gemma's Hospice**

**329 Harrogate Road**

**Moortown**

**Leeds LS17 6QD**