Application Form for Medicine Clinical Work Experience Event July 2022

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| --- | --- |
| Name |  |
| DOB |  |
| Home Address |  |
| Email Address |  |
| Year of study |  |
| Name of school |  |
| Name of Head of Year |  |
| Email address of Head of Year |  |
| GCSE results – Subject and Grade |  |
| A-Levels being studied/completed |  |
| Are you applying to a ‘Medicine’ degree in October? | YesNoUndecided |
| Head of Year OR Form Teacher:* Name
* Signature
* Position at school
 |  |
| Parent/Guardian consent for student to attend event:* Name
* Signature
* Date
 |  |
| Parent/guardian Contact Number |  |

***Please note that if you receive a place and can no longer attend, you need to contact us via the email address below to cancel your place. If you receive a place and DO NOT ATTEND without cancelling your place, you will no longer be prioritised for future events.***

If the demand for places is higher than anticipated, Lincolnshire Training Hub will prioritise students according to the eligibility status for Widening Participation Programmes. The following questions are optional, but if answered, we will use your responses to give extra weight to your application if needed.

Optional scoring questions:

|  |  |
| --- | --- |
| Are you in, or been in local authority care?  | Yes/No/ Prefer to not answer |
| Are you studying in a Lincolnshire State school?  | Yes/No/ Prefer to not answer |
| Do you receive or are you eligible for Free School Meals?  | Yes/No/ Prefer to not answer |
| Are you a young carer? | Yes/No/ Prefer to not answer |
| Are you from a family where both parents do not have a university degree from the UK or abroad? | Yes/No/ Prefer to not answer |
| Are you estranged from both parents or guardians and/or and asylum seeker or refugee? | Yes/No/ Prefer to not answer |

All application forms will be held confidentially by Lincolnshire Training Hub.

Please return this form by email to: stacey.mayo1@nhs.net

**Deadline is 29th of June**