

1. About You

Full Name			
Date of Birth (or Age)			
Your Contact Information	Email		
	Telephone		
Your Current Course (e.g. Nursing, Health & Social Care)			
Higher Education Provider or University			
Year of Study			
Please indicate if you will be able to provide the following yourself or via your Higher Education Provider:	Current DBS		
	Occupational health clearance		
	Valid ID (e.g. student ID badge/driving licence)		
Are you currently undergoing regular testing for COVID?	If YES , please provide details: If NO please leave this section blank	Type of test	
		Frequency of test	
		Test provider (e.g. place of work)	

2. Link Contacts

Please provide an Academic Contact (e.g. your personal tutor or academic assessor) <i>*If you have no academic contacts please give details of someone who could provide a character reference.</i>	Name	
	Role	
	Contact Details	
<i>If you are already on another placement and this a request for a short 'spoke', please provide details of your Current Placement Assessor:</i>	Current Placement Location	
	Name of Assessor	
	Role	
	Contact Details	

3. Placement Request Details

Type of Placement Please note that a 'placement' should have an educational aim and if you are considering a volunteering role that has no link to an educational need then you will need to speak to the Trinity volunteering team instead of completing this form on: - 01253 359374 or email - trinity.volunteering@nhs.net.

	Please 'X'
Clinical	
Non-Clinical	
Work experience as part of your current or future education plans	
Other: (please give details)	

Choose one department below for your placement by placing an 'X' in the box:

Adult Inpatient Unit (CLINICAL ONLY)		Clinical Nurse Specialist Team – Community (CLINICAL ONLY)	
Brian House Children's Hospice (CLINICAL ONLY)		Hospice @ Home Community Service- Nights (CLINICAL ONLY)	
Lymphoedema Outpatient Clinic (CLINICAL ONLY)		Retail / Fundraising	
Clinical Nurse Specialist Team – Hospital (CLINICAL ONLY)		Other (details below)	
Others areas may be considered - please provide details:			

Please indicate the dates you are requesting this placement for:
(If you have several options please list all dates available)

Please indicate the length of placement requested:
(e.g. how many hours/days/weeks)

4. Learning Needs

Please identify any specific learning needs you have for this placement

Please indicate any experience you may have of palliative care or the specific area you have requested

5. CONSENT FOR INFORMATION STORAGE

***Do you consent to the above information being electronically stored for information and audit purposes only?
Please indicate by putting an 'X' in the relevant box to the right >***

Your contact information will not be shared outside of the Education Team unless you are offered a placement. Appropriate information on this form may be shared with the department you have requested placement in while your application is processed however.

YES, I consent

NO, I do not consent

Please provide any additional information to support your request:

If you have any queries regarding how to complete this application please call Trinity Hospice on 01253 358881 and ask to speak to Jenny Pilkington (Practice Development Sister) or Jane Dunbar-Dempsey (Learning & Research Administrator)

- ▶ If further information is needed regarding your application a member of the Trinity Education Team will contact you via one of the methods you have provided on this form. Please note not all placements can be accommodated due to various factors but every effort will be made to consider your application in full.
- ▶ You will be contacted to discuss or decline your placement request as soon as possible after receipt of this form.

Please return all forms electronically to trinity.practice.development@nhs.net. Please note that a minimum of one month's notice is preferred for all placement requests.