

For School Use only



S4 School Application Form

Name..... School..... Work exp week dates.....

PERSONAL INFORMATION

Name

Date of Birth Age.....

Telephone Number

Email Address

Address

.....

Post Code

PLEASE INDICATE YOUR CHOSEN CAREER PATH

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

- 1.
- 2.
- 3.

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

Western General Hospital

Astley Ainslie Hospital

St. John's Hospital Livingston

Royal Hospital for Sick Children

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

Telephone Number

Email address

Location

A copy of your completed self-found form.

EMERGENCY CONTACT INFORMATION

Name

Telephone Number

Relationship to you

SCHOOL DETAILS

School Attended:

Work Experience Coordinator:

School Telephone Number:

**Work Experience Coordinator
email address**

About you

Current Subjects Studied

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

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)

Please return the completed application form to your Guidance Teacher: