
Care UK Human Resources Work Experience for Medical Students Policy

Controlled document

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Target audience	Health Care Division Managers & Medical Directors

5 Appendix 1

WORK PLACEMENT APPLICATION FORM

(Please complete in block capitals)

Student Information

First Name	
Last Name	
Date of Birth	
Home Address	
Postcode	
Telephone Number (Home)	

School/College Information

School/ College Name	
Contact member of staff	
Telephone Number	
Address	

Placement Request details

Date Placement required from	
Length of Placement (weeks)	
What objectives would like to achieve from this placement?	

Please outline your area of interest. Please be as specific as possible to enable us to find the most suitable placement.	
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This form should be signed by your parent or guardian if you are under 18 and your teacher.

Signed (Parent/Guardian)	
Signed (Teacher)	

Thank you for completing this application. Please return to: Medical Director / Hospital Director of the placement location

FOR OFFICE USE ONLY:		Placement agreed Yes/No	
Reporting to		Ext number	
Department		Duration	
Start date		End Date	
Comments			
Feedback			

9 Appendix 2

Confidential pre-placement health questionnaire

Information will be treated in the strictest of confidence.

Surname:

Forename:

Date of birth:

Home address:

Postcode:

Telephone:

Job placement:

1. Do you have any illness or disability at the present time? Yes No

If yes, please give details:

2. Have you had any other serious illnesses or operations in the past? Yes No

If yes, please give details:

3. Are you taking or being prescribed any medicines, inhalers, Yes No
injections or eye/ear drops at the present time?

If yes, please give details:

4. Is your ability to perform physical work limited in any way? Yes No

5. Have you had or been in contact with any infectious Yes No
disease in the past four weeks?

6. Which of the following infectious diseases have you been immunised against?

BCG (Tuberculosis)

Pertussis (Whooping Cough)

Diphtheria Polio

Measles Rubella Meningitis C Tetanus Mumps

Signature:

Print name: Date:

Parent/guardian's signature if under 18:

Print name:

Date:

If any of the above circumstances change from the time of completing the form to the
time of placement, you must inform the *[Insert appropriate dept]* immediately.

Please return to: *[Insert contact details]*

10 Appendix 3

Honorary contract

Date:

Dear

I have pleasure in confirming our offer of an honorary contract/placement to work within the *[Insert name of centre]*

Please read the terms and conditions carefully and sign both copies of this letter, returning one copy to *[Insert contact details]*.

This placement is for the period from *[Insert date]* to *[Insert date]* in the *[Insert name of department/ward]*.

The working arrangements, hours will be from *[Insert time]* to *[Insert time]*. Please report to *[Insert contact name]* who will be responsible for your supervision throughout this placement.

Specific details of the placement are outlined in the attached placement timetable.

Sick leave arrangements:

If you are unable to attend because of sickness you should inform your supervising manager

Security badges:

It is a requirement that every person should display an identification badge when working on any site associated with Care UK. This will be issued to you, on arrival, by the person responsible for your supervision.

Uniform/Dress code:

Appropriate professional smart clothes should be worn at all times. The 'bare below the elbow' policy should be observed in clinical areas. Wearing of jewellery, wrist watches or bracelets is not acceptable owing to infection, prevention and control guidelines pertaining to clinical environments.

Confidentiality:

Any matters of a confidential nature, in particular information relating to the diagnosis and treatment of patients, individual staff and/or patients records, and details of contract prices and terms must under no circumstances be divulged or passed on to any other unauthorised person or persons. The placement may be terminated if confidentiality is breached. These restrictions will continue to apply after the end of your placement without limitation in time, but shall cease to apply to any information that subsequently comes into the public domain, other than as a result of an unauthorised disclosure by you.

Termination of work experience placement:

Any act of misconduct (e.g. theft) or breach of confidentiality may result in the termination of your placement. Discussions will be held with your school/college before the placement is terminated.

Health and Safety at Work Act: You are reminded that in accordance with the Health and Safety at Work Act 1974, you have a duty to take reasonable care to avoid injury to yourself and to others by your work activities, and are required to comply with Care UK policies in meeting these statutory requirements. A copy of the Health and Safety policy is available for inspection.

Loss/damage of personal effects:

No liability can be accepted for loss or damage to personal property on Care UK premises by burglary, fire, theft, or otherwise.

During the period of your placement you will not, at any time, except where the law requires, be regarded as an employee of Care UK, and will not be eligible for remuneration in respect of your work placement with Care UK.

Yours sincerely

[Insert name]
[Insert job title]

I accept this placement on the terms and conditions outlined and have retained a copy.

Signed:

Print name:

Date:

Parent/guardian's signature if under 18:

Print name:

Date:

11 Appendix 4

INDUCTION CHECKLIST FOR WORK EXPERIENCE STUDENTS

This induction must be completed by the student and the placement sponsor or coordinator on the first day of the placement. Where items are not applicable please indicate.

1. Student Details

Name:	Department:
Placement Sponsor:	Start Date:

2.	Introductions	<input type="checkbox"/> or N/A	Date completed and sponsor signature
	Introduce to relevant colleagues/teams		
	Who to go to if there is a problem		
3.	Facilities		
	Tour of office/work area		
	Restaurant/coffee facilities		
	Staff facilities eg. toilets		
4.	Health and Safety		
	Young Person's Risk Assessment		
	Fire safety/evacuation		
	Building Security/alarms		
	First Aid		
	Local safe systems of work		
5.	Terms and Conditions/Policies and Procedures		
	Hours of attendance at placement		
	Breaks		
	Sickness or other absence – notification procedure		
	Alcohol and smoking		
	Confidentiality, and implications of breach of Data Protection Act		
6.	Working Arrangements		
	Telephone System		
	Photocopier/fax machine		
	Departmental Dress Code		

	Computer Use Policy		
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Signature of Student:
Date.....

Signature of Sponsor:
Date.....

ORIGINAL TO BE KEPT IN PLACEMENT AREA

12 Appendix 5

WORK EXPERIENCE QUESTIONNAIRE

(Please complete in block capitals)

We hope that you found your placement enjoyable and helpful. Please help us to monitor the quality of placements in the company and to improve the placements for future students, by completing this questionnaire.

Student Information

First Name			
Last Name			
School/College			
Type of Placement			
Department		Duration	
Start Date		End Date	

Who was your manager/sponsor during your attachment?
Did the placement meet your expectations and/or objectives?
If not, what expectation/objectives were not met?
What did you gain most from the placement?
What were the administrative arrangements for your placement like?
What could be done to improve the placement?

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