

**T-Level Application Form**

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| 1. **PERSONAL DETAILS\*** | |
| **Please complete the full application to the best of your ability. Information will be treated in the strictest of confidence.**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Title:** |  | **Surname:** |  | | | **Forename:** |  | | |  |  |  |  | | |  |  | | | **Address for Correspondence (*include post code*):** | |  | | | | | | | |  | | | | | | | | | | **Date of Birth:**  DD/MM/YYYY | |  | **Gender:** | |  | | **Age:** |  | | **Email:** | |  | | | | | **Contact No:** |  | | **National Insurance Number** | | | |  | | | | | |  | |  | | | | |  |  | | **Emergency Contact Name:** | |  | | | | | **Contact No:** |  | | **College Name:** | |  | | | | | **Contact No:** |  | | **College Contact:** | |  | | | | | **Contact No:** |  | | **Immunisations**   |  |  | | --- | --- | | **Insert Y/N** |  | | **Measles/Rubella** |  | | **Hepatitis B** | **☐** | | | | | | | | | | | **Do you have any medical conditions or allergies?**   |  |  |  | | --- | --- | --- | | **Yes** |  |  | | **No** |  |  |   **If Yes, please provide details:** | | | | | | | | | | **Do you have any disability or learning needs?**   |  |  |  | | --- | --- | --- | | **Yes** |  |  | | **No** |  |  |   **If Yes, please provide details:** | | | | | | | | | | |
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| **Please tick the ethnic group which you would describe yourself as: (*please tick one*)** |
| |  |  |  |  | | --- | --- | --- | --- | | White British |  | Mixed – White and Afro Caribbean |  | | White – Irish |  | Mixed – White and Black African |  | | White – Any Other Background |  | Mixed – White and Asian |  | | Asian or Asian British – Indian |  | Mixed – Any Other Background |  | | Asian or Asian British – Pakistani |  | Black or Black British – Caribbean |  | | Asian or Asian British – Bangladeshi |  | Black or Black British – African |  | | Asian or Asian British – Any Other |  | Black or Black British – Any Other |  | | Chinese |  | Other Ethnic Group |  | | I do not wish to disclose my ethnic group | | |  | |  | | | | | |
| |  | | --- | | **Where did you hear about us?** | | |
| |  | | --- | | 1. **CONVICTIONS / DISQUALIFICATIONS\*** | | **Have you ever been convicted of an offence by civil or criminal court?**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** |  |  | **If yes, please give details:** |  | | **No** |  |  |  |  | |  |  |  |  |  | | | |
| 1. **PLACEMENT DETAILS\*** | |
| **Please select the T-level you are studying**   |  |  |  |  | | --- | --- | --- | --- | | Healthcare |  | Engineering |  | | Digital |  | Business Management |  |   **Please Identify Placement you would be interested in at Combined Healthcare**   |  |  | | --- | --- | | Mental Health AHP Hosted |  | | Learning Disability Nursing Hosted |  | | Corporate: Business Admin |  | | Estates: Business Admin |  | | |
| 1. **SUPPORTING INFORMATION\*** | |
| **Please tell us why you would like to have your T-Level placement with North Staffordshire Combined Healthcare Trust** | |
| **What professional behaviours and attitudes would you think were important working in an NHS workplace?** | |
| **Please provide any further information about yourself to support your application** | |

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| 1. **PARENT/GUARDIAN INFORMATION - IF APPLICANTS ARE UNDER THE AGE OF 18 YEARS OLD, PARENTS MUST CONSENT TO THIS APPLICATION**   **I, as the Parent/Guardian give my consent to this application.** **I give permission for the data included in this application form to be used in accordance to MPFT’s Information Governance Policy.** | |
| **Parent/Guardian Name** |  |
| **Relationship to Student** |  |
| **Contact Telephone Number** |  |

**Please return your completed application form to wideningparticiption@combined.nhs.uk**

**Thank you**

**Education and Widening Participation Team**

**Trust Headquarters | Lawton House| Stoke on Trent | ST4 8HH**