

**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  | [ ]  |
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| **Where did you hear about us?**  |

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| 1. **CONVICTIONS / DISQUALIFICATIONS\***
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| **Have you ever been convicted of an offence by civil or criminal court?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **[ ]**  |  | **If yes, please give details:** |  |
| **No** | **[ ]**  |  |  |  |
|  |  |  |  |  |

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| 1. **PLACEMENT DETAILS\***
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| **Please select the T-level you are studying**

|  |  |  |  |
| --- | --- | --- | --- |
| Healthcare | [ ]  | Engineering | [ ]  |
| Digital | [ ]  | Business Management | [ ]  |

**Please Identify Placement you would be interested in at Combined Healthcare**

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| --- |
| Mental Health AHP Hosted |[ ]
| Learning Disability Nursing Hosted |[ ]
| Corporate: Business Admin |[ ]
| Estates: Business Admin | [ ]  |

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| 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**