



Work Experience

Policy Resource Pack Work Experience and Shadowing Placement

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WORK EXPERIENCE RESOURCES - ACTION REQUIRED

Form/Template	Action Required	Page
<u>WE1 – Placement Opportunity Form</u>	To be completed by the placement provider and returned to workexperience@shsc.nhs.uk	3
<u>WE 2 - Work Experience Risk Assessment - Template</u>	This is a template form with some key risk areas prepopulated .This should be reviewed and updated by adding to with any specific risk identified by the service. Retain a copy at the service and send a copy to workexperience@shsc.nhs.uk	4
<u>WE 3 - Work Experience Application</u>	This must be completed by the student and school and signed by all relevant parties. Retain a copy at the service and send a copy to workexperience@shsc.nhs.uk	8
<u>WE 4 - Confidential Health Questionnaire</u>	To be completed by the student: For short term placements up to 10 days the form should be retained by the student and discussed in confidence with the placement supervisor on the first day of placement. Immunisation information will not usually be required for short term placements. For placement over 10 days the form should be completed and advice sought from workexperience@shsc.nhs.uk To see if any further action may be required based on nature and length of placement and area of placement.	11

<u>WE 5 - Work Experience Agreement Template</u>	<p>To be sent to the student to read and sign and have countersigned where appropriate.</p> <p>Two copies to be sent one to be retained the second returned to the placement</p>	<p>12</p>
<u>WE 6 - Work Experience Induction Checklist</u>	<p>To be completed with the placement supervisor on first day of placement and signed by both parties.</p> <p>Retain at the service</p>	<p>17</p>

WE 1 - PLACEMENT OPPORTUNITY FORM

This form is for completion by members of staff who are interested in hosting a Work Experience Placement.

Name of person completing this form	
Designation	
Department:	
Telephone number:	
Email address:	
Where will the placement take place	
What opportunities will the placement involve	
Dates offered, see placement dates or inset date's proposed.	
Are there any special requirements for the applicant?	

Please Return form to:

workexperience@shsc.nhs.uk

Thank you, we will be in touch with further information

WE 2 - WORK EXPERIENCE RISK ASSESSMENT - TEMPLATE

Placement / role:	Assessment Date:
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Assessor:	Signature:	Review Date:
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Ref	Hazards	Risks	Current Control Measures	Risk Priority High/medium/ low	Action to be taken
1	Access to patient information e.g. clinic lists, addresses.	Breach of confidentiality or data protection legislation	<ul style="list-style-type: none"> Participants required to read and sign declaration re confidentiality. Information governance covered at induction. Participants not to have access to patient files and databases. 		
2	Slips, trips and falls hazards		<ul style="list-style-type: none"> Induction will familiarise participant with the environment. 		
3	Fire.	Smoke inhalation, burns.	<ul style="list-style-type: none"> Induction to familiarise participant with local arrangements in the event of fire. 		

			<ul style="list-style-type: none"> • Procedure for signing in • Not to be left unsupervised • Advise local fire warden 		
4	Members of the public/ visitors	Aggression, abuse	<ul style="list-style-type: none"> • Participants always supervised by staff. • Participants not to undertake any form of lone working. • Participants instructed to seek assistance in the event of any concerns. 		

Ref	Hazards	Risks	Current Control Measures	Risk Priority High/medium/ low	Action to be taken
5	<p>Stress caused by:</p> <ul style="list-style-type: none"> • Travelling to unfamiliar locations. Unfamiliar surroundings and meeting new people. • Exposure to distressing situations. 	Ill health.	<ul style="list-style-type: none"> • Clarification of activities and timetable with supervisor. • Participant to be asked to raise any concerns with supervisor. 		

6	<p>Attending non-trust premises e.g. patients' homes, nursing Homes.</p> <p>NB even where a visit is considered low risk, supervisors should carefully consider the patient and their treatment before planning to b</p>	<p>Heightened likelihood of some risks covered above, especially slips, trips, falls; aggression/abuse; breach of confidentiality.</p>	<ul style="list-style-type: none"> • Only accompanying where it is a follow up visit to a known service user without any known concerns and the staff member is confident that there will be no issues with any other occupants of the property. • Patients have given prior consent to a student attending. • The member of staff being satisfied the student displays an appropriate level of maturity i.e. a home visit would not be the first activity timetabled with a new student. • The environmental conditions outside and within the property do not present significant risks. 		
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Ref	Hazards	Risks	Current Control Measures	Risk Priority High/medium/ low	Action to be taken

WE 3- WORK EXPERIENCE APPLICATION

Placement you are applying for	
Date of placement:	

Section 1: Your details

Personal details

Surname/family name:	
First name:	
Date of birth:	
Address including postcode:	
Home telephone:	
Mobile telephone:	
Email address:	
Name, phone number and relationship to next of kin or in case of emergency contact	

☐
☐

Are you in education: **Yes** **No**

If yes please say where you are studying:

GCSEs, A levels or other exams taken or subjects being studied:			
Subject/Level	Grade	Subject/Level	Grade

Previous work experience, volunteering or paid work (if any):

Please explain briefly why you have chosen this placement and what you hope to get from it.

Include your hobbies and interests and your plans for the future.

Supporting statement

If you are attending a school/college ask a teacher or advisor to provide some information about your application, this could include what they think you might get from the placement, or future career plans.

If you do not attend school or college please ask someone who can act as your referee to explain why you are suitable for a placement.

Why is this placement suitable?

Are there any issues that we need to be aware of?

Contact Details

Teacher or advisor name:	
Signature:	
Telephone number:	
Email address	

I confirm that the information given on this application is correct. I understand that any false may result in my application being refused or my placement being cancelled.

Signed:	
Print name:	Date:
Parent/guardian's signature (if under 18):	
Print name:	Date:

This form should be returned either by post or emailed to: workexperience@shsc.nhs.uk

WE 4 - CONFIDENTIAL HEALTH QUESTIONNAIRE

We need this information to ensure our service users, staff and you are safe. Your answers to these questions will not affect your chances of being offered a placement. This information means we can plan your placement properly if you are selected.

Do you:	Yes or No (If yes, please provide further details).
Have a learning disability that may affect your ability to understand or act on an instruction?	
Have any restrictions of normal physical activity?	
Have skin allergies, eczema or other skin conditions?	
Have bronchitis or asthma?	
Have a hearing disability?	
Have a heart disease affecting capacity for physical tasks?	
Have diabetes?	
Experience fits or fainting attacks?	

NB where appropriate for the placement:

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

TB (BCG or Mantoux within past 5 years)		Diphtheria		Measles	
Meningitis C		Pertussis (Whooping Cough)		Polio	
Rubella		Tetanus		Mumps	
Hepatitis B		Hepatitis A		Other	

WE 5 - WORK EXPERIENCE AGREEMENT TEMPLATE

Dear

I am pleased to confirm our offer of a work experience placement at:

Please read the terms and conditions outlined in this as letter carefully as failure to meet these may result in your work experience being withdrawn. Please sign both copies of this letter, returning one copy to Work Experience - The HR Department, Fulwood House, Old Fulwood Road, Sheffield, S10 3TH. Or you can send a copy of the signed copy to workexperience@SHSC.NHS.uk

This placement is for the period from -

To -

A map / directions to the department are enclosed.

The hours of your placement will be -

On the first day of your placement please report to

Who will be responsible for your supervision throughout this placement.

Their contact details are -

On your first day you will go through a short induction with your supervisor. Please bring your Confidential Health Questionnaire with you on the first day.

Important information / Terms and Conditions

Attendance: It is very important that you arrive on time each day, and after lunch. Make sure you leave yourself plenty of time to find your way to where you are working. If for any reason you are unable to attend your work experience you must call the service or your supervisor contact details

And let them know why you are not attending. If you attend school or college you also need to let them know. Lack of attendance may result in your placement being withdrawn.

Hours and lunch:

Your hours will be

To

You will have 30 minutes break for lunch. Please bring something for lunch with you on the first day then your supervisor will let you know where you can buy lunch near to the service if you wish.

Health Wellbeing and students with Disabilities: You will be able to let your supervisor know about any health conditions you have when you discuss your Confidential Health Questionnaire on day one of your placement. If you have a Disability please contact your supervisor or email workexperience@shsc.nhs.uk before the placement starts so we can discuss any adjustments

you may need to complete your work experience placement. If you are unsure if this applies to you please speak to your school contact for advice.

Dress Code: You should wear comfortable, clean, smart clothes. You should not wear jeans, tracksuits, leggings, open toed sandals, trainers or high-heeled shoes. You may be required to be 'bare below the elbow' for infection control if you are working in some areas, your supervisor will discuss dress code for the area you are working in in more detail with you as part of your induction.

If your hair is long, you should tie it back with a plain band.

False nails nail extensions/wraps or nail varnish must not be worn while you are on work experience.

If you have visible body piercings including tongue studs you should contact your placement supervisor for advice about these before starting the placement as they may have to be removed or covered; an SOS necklace may be worn to indicate the existence of a medical condition but this should be worn inside clothes and other than small stud earrings no other jewellery is permitted.

Fingernails must be kept clean and short.

You may be asked to wear protective clothing in certain areas.

Special requirements as a result of cultural or religious obligations must be in line with the Trust policy and will depend on the area that the work experience is being undertaken in your supervisor will discuss this with you as part of your induction on day one.

Confidentiality: During the course of your placement you may have access to information 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. You must under no circumstances disclose any confidential information to any person or make use of the information either during or after the placement.

You should not access personal data that your supervisor has not instructed you to access.

Failure to follow these conditions, may lead to prosecution should we become involved in a case of litigation instigated by people using our services. If you disclose or misuse information we will terminate your placement immediately.

In certain circumstances you may also be liable to prosecution under the Data Protection Act 1998.

Mobile Phones and Social Media: You must not use your mobile phone whilst on Work Experience placement apart from in your agreed breaks. You must also comply with the Trust policy on social media when you are using it outside of your work experience placement. Your supervisor will explain this to you in more detail as part of your induction on day one.

Health and Safety: You must take reasonable care to avoid injury to yourself and to others by your work activities, and are required to comply with our policies in meeting these statutory requirements. During induction you will discuss health and safety in your work experience placement. This will include fire safety. A copy of the health and safety policy is available for inspection.

Criminal Record: A Disclosure and Baring Service (DBS) check is not required if your placement is up to 10 days because you will be supervised at all times. If your placement is over 10 days you may be required to complete a DBS check. If this applies to you will be informed in a covering letter with this agreement.

Raising a Matter of Concern: If you see or hear anything that concerns you, please notify your supervisor in the first instance. If you have any concerns that you do not wish to raise with your supervisor you can email workexperience@shsc.nhs.uk you can also raise concerns about the safety of people who use our service by contacting the Trust Freedom to Speak Up Guardian on 07473226887 or by email to w.fowler1@nhs.net

Loss/Damage of Personal Effects: No liability can be accepted for loss or damage to personal property on our premises by burglary, fire, theft, or otherwise. You are advised accordingly to provide your own insurance cover if required.

Do take time before your placement to prepare. Before you arrive think about what you want to learn and any questions you have. While you are on placement do enjoy yourself. It is a chance for you to find out a little about what the world of work is like. You will meet lots of new people and come across new and unfamiliar situations. Most people really enjoy their work experience and find it motivates them to find employment or study harder upon completion. We look forward to welcoming you soon.

Yours sincerely,

Form of acceptance

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

Signed:

Date:

Parent/guardian's signature (if under 18):

Signed:

Date:

Confirmation of Support of School / Educational Establishment.

I confirm that the student's school /college are aware of this placement and in support of it.

Teacher or advisor name:

Signature:

Date:

Form of acceptance

I confirm that a DBS check is not required for the work experience applicant and I am responsible for his/her supervision while on placement.

Signed:

Name of person organising the placement (service contact)

Date:

WE 6 – INDUCTION CHECKLIST

Areas covered in induction	Completed (signed by Student and Supervisor) if NA put NA and countersigned by supervisor
Contact details Emergency contact details Who to contact if unable to attend the placement How to get hold of the supervisor How to report any concerns	
Confidential Health Questionnaire - Disability Discuss any health or wellbeing needs in confidence and agree any required action. Is the Student Disabled – if yes have reasonable adjustments been considered and made?	
The department ID badge provided – if the placement is over 10 days Access information provided Introduction to the department and its work. Toilets Food and refreshments	
Outline the placement Hours of work Activities to be undertaken	
Infection Control (as required for the placement) Hand washing	

<p>Bare below the elbows</p> <p>Nail varnish</p> <p>Hair tied back with plain band</p> <p>Jewellery</p>	
<p>Dress Code</p> <p>Comfortable, clean and smart</p> <p>Any specific protective clothing</p> <p>Any cultural or religious clothing</p>	
<p>Fire Safety</p> <p>Location of fire safety equipment</p> <p>Fire exits</p> <p>Gathering points</p>	
<p>Moving and handling</p> <p>No lifting of patients/ equipment</p>	

	Completed (signed by Student and Supervisor) if NA put NA and countersigned by supervisor
<p>Confidentiality</p> <p>Patient confidentiality – include friends and family and social media – explain the Trust social media policy to the student.</p> <p>Discuss the importance of confidentiality with regard to patient and staff information. Any patient or trust information shared, seen or heard should not be discussed with anyone (including family and friends, and especially not on social media, even if people's names are not used).</p> <p>Provide general guidance on information security.</p> <p>Students should not give out any information about patients or staff if they answer the phone. If in any doubt they should hand the call to another member of staff.</p>	
<p>Health and safety</p> <p>Discuss the risk assessment developed for the placement.</p> <p>Make sure the student knows any risks associated with tasks and work Environment.</p>	
<p>Incident reporting and raising concerns</p> <p>What and how to report: accidents/incidents AND near misses</p> <p>Discuss understanding of the process for raising concerns as set out in the placement agreement.</p>	
<p>Sickness</p> <p>If a student is are unable to attend on any of their placement days they must</p> <p>contact their nominated supervisor as early as possible.</p> <p>Confirm best phone number for them to use.</p>	
<p>Key equipment</p> <p>Used within the department and any training requirements.</p>	

Dress Code

Discuss the dress code outlining that clothes should be comfortable, clean and smart.

Outline the infection control measures

- 'Bare below the elbow'
- Hair tied back with plain band
- No false nails, nail extensions/wraps or nail varnish
- Visible body piercing including tongue studs must be removed or covered
- No jewellery other than small stud earrings and an SOS necklace (worn inside clothes)

Discuss any specific protective clothing requirements.

Special requirements as a result of cultural or religious obligations – please see the Trust policy

SHADOWING PLACEMENT - ACTION REQUIRED

Form/Template	Action Required	Page
<u>SWE 1 - Email template – Shadowing Work Experience</u>	<p>Complete the application document ensuring the correct questions are completed.</p> <p>The Email/Letter template can be used to send a request for the information required.</p>	26
<u>SWE 2 - Shadowing Work Experience Application</u>	<p>Completed applications must be saved to the individuals electronic folder on:</p> <p>W:\Postgraduate Services\Shared\WORK PLACEMENT SHADOWING</p>	27
<u>SWE 3 —Shadowing Work Experience Confirmation letter template</u>	<p>Send to applicant when approval has been confirmed by the Medical Education Manager</p>	29

SWE 1 –EMAIL TEMPLATE SHADOWING WORK EXPERIENCE

Dear

Thank you for your interest in work experience at SHSC, in order to be able to progress your application, the following checks need to be made:

- Verification of Identification
- Occupational Health Assessment
- Satisfactory references
- Evidence of a disclosure and barring check

Full Occupational Health Clearance

You are required to complete an on-line Occupational Health Screening questionnaire. It is a policy of the Trust that it does not allow any individual to attend the Trust prior to the receipt of a satisfactory Occupational Health Medical Clearance.

Satisfactory Disclosure & Barring Check (DBS)

As you are in a position that is deemed to be a regulated position, you are unable to start work with the Trust until we have received a satisfactory DBS clearance. The cost of the DBS is £49 which is payable by yourself.

You are able to join the DBS update service within 19 days of your DBS certificate issue date. This is beneficial as it allows you to transfer your DBS check to another setting or keep it up to date if you are in a role that requires the same type and level of check on an ongoing basis. For more information please visit the following website <https://www.gov.uk/dbs-update-service>

You are required to make an appointment with the Medical Education Team and will be required to bring the following with you:

- Passport
- Driving licence (photo identification)
- A utility bill/bank statement dated within the last 3 months
- Original Birth certificate

Once DBS and Occupational health checks have been received, I will contact you again to confirm your placement.

SWE 2 – SHADOWING WORK EXPERIENCE APPLICATION



Work Placements/Shadowing – Medical

NAME	
EMAIL ADDRESS / TELEPHONE NUMBER	
DATES ATTENDING	
SITE	
SUPERVISING CLINICIAN	
Holds Enhanced DBS Certificate dated within 6 months? Certificate Number Date Issued DBS Clear Y/N (provide details) Risk Assessment -	The individual will be accompanied at all times throughout their placement. No IT access to patient records. YES/NO
DBS – SHSC Online Form Sent DBS Cert Certificate Issue Date DBE Certificate Number DBS Clear Y/N (provide details)	<hr/> <hr/> <hr/> <hr/>
Letter of Good Standing Received (If overseas)	YES/NO
MEDICAL EDUCATION MANAGER APPROVAL	

<p>Health Clearance</p> <p>Online Form Sent</p> <p>Health Cleared</p>	<p>_____</p> <p>_____</p>
<p>SHSC Confidentiality Statement signed and saved to electronic file</p>	
<p>Confirmation Letter sent</p> <p>Confirmation Letter signed & returned (save in electronic file)</p>	<p>_____</p> <p>_____</p>

SWE 3 –SHADOWING WORK EXPERIENCE CONFIRMATION LETTER



Medical Education Department

Room 3F13

Tudor Building

Old Fulwood Road

Sheffield

S10 3TH

Dear

LETTER OF AUTHORITY FOR WORK EXPERIENCE/SHADOWING

I am pleased to advise that your application for work shadowing at Sheffield Health and Social Care has been approved to commence on ***** until ***** following completion of the relevant checks.

Location:.....

Supervising consultant:.....

First day instructions:.....

If you have any queries please do not hesitate to contact a member of the Medical Education Team.

Yours sincerely

Medical Education

I ***** accept to follow the Trusts policies and procedures, particularly in relation to patient confidentiality.

Signed _____ Date _____

OPTIONAL RESOURCES

Form/Template	Action Required	Page
<u>WER 1 - Work Experience Plan</u>	Can be used to plan activities for the person on placement.	31
<u>WER 2 - Work Experience Diary</u>	Can be used by the student to keep a record of their experience. One sheet will need to be printed per day.	32
<u>WER 3 – Evaluation Form</u>	Can be used to evaluate the placement	33

WER 1 – WORK EXPERIENCE PLAN

Work experience plan **to be completed by the placement supervisor**

Service Week Commencing

Student

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time and location					
Morning activity and location					
Supervisor					
Lunch start and finish times					
Afternoon activity and location					
Supervisor meeting Start time and location					

WER 1 – WORK EXPERIENCE DIARY

Name Date Service Page
What do I want to get out of today?
Who did I meet today?
What did I do today?
What did I learn?
Supervisor comments

Evaluation form

Please fill in the following questions to let us know how you found your work experience. This information will be used to develop the programme.

1. What did you hope to learn from your placement?
2. Has this been achieved? ☐ Yes ☐ No (Please tick appropriate box).
3. Do you feel your placement has given you a better understanding of the work that is undertaken in our organisation?
☐ Yes ☐ No If no please give details:
4. Do you feel the structure of the programme was: ☐ Satisfactory ☐ Unsatisfactory
5. Do you feel the length of each session was: ☐ Satisfactory ☐ Too long ☐ Too short
6. Which sessions did you find most interesting?
7. Which sessions did you find least interesting?
8. Are there any additional sessions, or visits to other departments, which you feel should be included in the programme?
☐ Yes ☐ No If yes, please give details:
9. Do you feel it would have been useful to have been provided with any more information before your placement?
☐ Yes ☐ No If yes, please give details:
10. Has your placement influenced your choice of career in any way?
☐ Yes ☐ No If yes, please give details:
11. Please add any other comments you feel would be helpful:

Thank you for your help in completing this form.
Please return to: