**CARDIFF UNIVERSITY**

**‘SCIENCE IN HEALTH’ WORK**

**EXPERIENCE APPLICATION FORM**

**Please read this form carefully and fill in ALL sections.**

**PUPIL INFORMATION**

|  |  |
| --- | --- |
| Last name |  |
| First name/s |  |
| Date of Birth |  | Gender |  | Nationality |  |
| E-mail address |  |
| Telephone number |  | Mobile Number |  |
| Address (inc post code) |
| Emergency contact name/number |

**CURRENT EDUCATION INFORMATION**

|  |  |
| --- | --- |
| Current School or College attended: |  |
| Subjects currently studied: |  |
| Qualifications already obtained (G.C.S.E.s, AS/ A-Levels etc, including grades):  |  |
| Activities/Hobbies/Interests: |  |

**Other Required Information**

|  |
| --- |
| **Allergies -** Please list any known allergies you have (e.g. animal/pet, dietary, chemical substances etc): |
| Do you have a disability? | Yes/No |
| Do you have any special requirements (e.g. disabled access)? |
| Do you have any existing or previous medical condition that might affect your placement?  | Yes/No |
| If yes please give details. |

**UNDERSTANDING OF THE SCHEME:**

***These questions are intended to help us select those students we feel will most benefit from this opportunity (please complete as fully as possible - feel free to expand the boxes or continue on a separate sheet if necessary)***

|  |
| --- |
| How did you hear about this virtual work experience scheme? |
| Why are you interested in a laboratory placement at the School of Medicine? |
| What do you hope to gain from work experience? |
| What is your understanding of the role of research work in medicine? |
| What are your career aspirations? |

**IMPORTANT INFORMATION: The closing date for applications is 30 April 2024.**

**This work experience scheme is extremely popular, and you will not receive confirmation of your place until mid-May 2024. Therefore, it would be a good idea for you to have a backup plan for another type of work experience.**

**Discuss this placement with a teacher or work experience coordinator at your College or School, and check with them that you are available. If you succeed in gaining a place on this scheme you will be expected to attend sessions between 9 and 5 o'clock for a full week.**

**In 2024 we envisage that one-week placements will be available for the dates shown below. Please indicate your availability by ticking the boxes:**

**🞏 24 - 28 June**

**🞏 1 – 5 July**

**🞏 8 - 12 July**

**To be completed by School/College (or other) Work Experience coordinator:**

|  |  |
| --- | --- |
| Work Experience co-ordinator name: |  |
| Contact telephone number |  |
| Contact e-mail address |  |
| School/College Address (if applicable): |  |

**Please return completed form (scanned copy or photo) to: medicengagement@cardiff.ac.uk**