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| **Physiotherapy Placement Programme**  **Application Form**  ***To complete this form save it first. You can use your tab key http://tse1.mm.bing.net/th?id=OIP.M6911533685ca1f8fbcb03163d91528e4o0&w=211&h=134&c=7&rs=1&qlt=90&o=4&pid=1.1or mouse to move between the boxes.***  ***This form is only for use for those applying for the Physiotherapy Placement Programme. This is only open to senior phase pupils (S5/S6 only) or adults with an intention to pursue a career in physiotherapy.***   |  | | --- | | **Section 1 - PERSONAL DETAILS**  Surname       Forename(s)  Date of Birth       Age at time of requested placement       (school pupils only)  Year at School (S5 or S6)  Address        Postcode  Home telephone number       Mobile number  Email address  Next of Kin       Next of Kin contact telephone number  This is a request for an adult / school pupil placement (delete as appropriate) |   ***logo_NHSGG&C_%202_colour*** | |
| **PLACEMENT REQUEST TO BE SOURCED**  **Placement Location -** Please identify, in preference order, as many placement options as you can. (**1 being your first choice, 2 being your second choice, etc)**    Gartnavel General    Gartnavel Royal     Glasgow Royal  Inverclyde Royal    Queen Elizabeth University    Royal Alexandra  Royal Hospital for Children    Stobhill ACH    Vale of Leven    Victoria ACH | |
| **Preferred placement dates**- Please state preferred programme date you are applying for (refer to details published on our webpages for details)  from // to // | |
| **Previous Placements**  Have you been on any previous placements within NHS Greater Glasgow & Clyde? **Yes**  / **No**  If yes please provide the following information.  Date // Site and department  Date // Site and department | |
| **EDUCATION DETAILS (School Pupils only)**  School  Address          Postcode  Telephone number       Fax number  Year at school (please tick) **4th**  **5th**  **6th**  Guidance Teacher Name  E-mail address for Guidance Teacher |

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| **SUBJECTS UNDERTAKEN AT SCHOOL/QUALIFICATIONS ACHIEVED (ALL APPLICANTS)**  *(To be eligible for this programme you must evidence that you are on track to secure the required entry requirements for the university programme. Please note that applicants who already hold a physiotherapy degree are not eligible to apply.)* | | | |
| Subject | Grade | Result / predicted result (please specify) | Date |
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| **SECTION 4 – Statement in support of placement request (please refer to the programme information summary provided before completing this section).**   1. Please use this space to describe what you think a physiotherapist does/what their role is within the NHS. |
| Signed:  Date // |
| Please return the completed application to: [workexperience@ggc.scot.nhs.uk](mailto:workexperience@ggc.scot.nhs.uk)  If you are having difficulty completing or returning this form electronically, or require the form in a different format, please contact the Work Experience Team on the email above or by calling 0141 278 2700 (Option 3).  **Please ensure your application is completed by 12 noon on Thursday 30th November 2017. Applications received after this date will not be accepted.** |