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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) 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) or Adult request (please specify)  Address        Postcode  Local Authority area:  Home telephone number       Mobile number  Email address  Next of Kin Name       Next of Kin contact telephone number | | | | | **Section 2 - PLACEMENT**  **Placement Location**  Please note that these placements will be hosted at several sites across NHS Greater Glasgow and Clyde, and we cannot guarantee we can provide you with your preferred site. | | | | | **Preferred placement dates**  Please state preferred programme date you are applying for (refer to details published on our webpages for details)  from // to // | | | | | **Have you applied, or are you in the process of applying, for the BSc in Physiotherapy?**  Yes / No  Please provide details | | | | | **Previous Placements**  Have you been on any previous physiotherapy placements within the NHS (this includes boards outside NHS GGC area)?  Yes / No  If yes, please provide the following information.  Date // Site and department  Date // Site and department | | | | | **Section 3 - EDUCATION DETAILS (School Pupils only)**  School:  Address:  Postcode:  Telephone number  Guidance Teacher Name:  E-mail address for Guidance Teacher: | | | | | **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.**   1. Please use this space to describe why do you want to be a Physiotherapist?      1. What are you hoping to get out of the placement? |
| 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 Friday, 24th August 2018. Applications received after this deadline will not be accepted.** |