

**Introduction to Careers in Medicine Day 2019 – Application Form**

(Please complete in BLOCK CAPITALS)

**Applicant Surname**: …………….………………**First Name**…...................………...

**Date of Birth**: ……………...............................

**Postal Address**:

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**Post Code** .................................................🕾.................................................................................

**E-mail address:**

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**Name & Address of School/College:**

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**I wish to apply for a place on the 2019 Introduction to Careers in Medicine Day on Tuesday 16 April.**

**I enclose the following requirements as part of my application:**

** School/college reference. This is to include GCSE grades and predicted A level/BTEC grades**

** Hospital Observation Health questionnaire**

** Proof of immunisations (either a print out from your GP or a scan/photocopy of ‘red book’)**

** I confirm that I am in Year 12**

**PLEASE NOTE THAT FAILURE TO INCLUDE ANY OF THE ABOVE REQUIREMENTS WILL UNFORTUNATELY MEAN WE CANNOT TAKE YOUR APPLICATION ANY FURTHER.**

**Please state why you are interested in a career in Medicine:**

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**Signature................................................................................................................**

**Date: ……………………….......................................**

***Please note: You must have reached 16 years of age before you visit any departments in the hospital.***

**Closing date for receipt of applications is strictly Tuesday 27 February 2019.**

**(You will not hear anything until after this date).**

Please return your fully completed application form and reference letter to:

**Claire Dhaffir**

**Widening Participation Officer**

**Trust Education Centre**

**Royal Berkshire NHS Foundation Trust**

**Craven Road**

**Reading RG1 5LE**

**Equal Opportunities Monitoring**

**Working to Achieve Equality of Opportunity**

NHS organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating everyone with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. This section of the application form will be used for monitoring purposes only.

**Ethnic Origin**

**Please tick the box that best describes your ethnic origin**

|  |  |  |
| --- | --- | --- |
| **White**  British  Irish  Other | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Other Asian background | **Other Ethnic Groups**  Chinese  Other ethnic group |
| **Mixed Race**  White and Black Caribbean  White and Black African  White and Asian  Other mixed background | **Black or Black British**  Caribbean  African  Other Black background | **Not stated**  Declined to give |

**Disability**

If you have a disability that you believe may affect access to and attendance at the careers day, please give details below in order that we can make any necessary arrangements.

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| --- |
| Nature of disability: |
| How we can help: |