

North London Hospice

Placement/Visit application form for Registered Health and Social Care Professionals

To allow us to plan your placement and try to ensure your learning objectives are achievable, please complete this application form

Personal Details *(clearly printed please)*

Title:	Mr / Mrs/ Miss / Ms/ Dr
Surname:	
Forename:	
Date of Birth:	
Home Address:	
Telephone Number (Day):	
Telephone Number (Eve):	
Mobile Number:	
Email address:	
Emergency Contact Name:	
Emergency Contact Tel No / Mobile No.:	
Do you have any special needs? (If so, please give details)	

Current Education/Employment Information

Are you currently employed? Yes No
 Are you currently in Education? Yes No Details:

Place of employment	
Position	

Referee in support of this visit:

If you are employed in Health and Social Care this should be your manager.

Name	
Position	
Address	

Telephone Number	
Work email address	

Please note: that your referee will be contacted directly in order to complete a referee check, please advise your referee of this placement application in advance.

Placement Details

Preferred length of placement/visit	
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Please specify your key learning objectives: What do you want to learn?

Please identify the type of professionals or departments you would like to visit:

How is this linked to your current role and professional development?

Declaration

I agree to work within the departmental guidelines and follow instructions given. I confirm that I have a current DBS certificate.

I will at all times observe the hospice rules and regulations in relation to Fire, Health & Safety, Information Governance and Security.

Health service work is intrinsically confidential in nature. Patient information is of course "strictly confidential". Information relating to members of staff and to the business interests of the Hospice of which you may become aware during the course of your placement with the hospice must also be treated as confidential.

This placement is not a contract of employment, and no employer/employee relationship will arise between the hospice and yourself by virtue of this placement.

Signed _____ Date _____

Data Protection

North London Hospice will hold the information you provide to us via this form for the sole purpose of managing this visit.

Please Note:

You will need to wear your ID badge at all times whilst on placement here. Please make sure this is with you on your first day.

As per the latest government guidelines, we will no longer be asking for a negative LFT prior to your arrival.

However, if you feel you are symptomatic or have had close contact with someone who may have had covid within the last week, we ask that you postpone or cancel your visit to Willen Hospice. If on arrival, we feel you need to complete an LFT we will ask for this prior to being allowed in our clinical areas. This is for our patient's protection, and we will be happy to rearrange at a later date if necessary.

Any concerns on the day of visit contact the hospice reception **0800 368 7848**.

Please return the completed form to:

Learning and Development Team

Email: education@northlondonhospice.co.uk

Address: North London Hospice, 47 Woodside Avenue, London, N12 8TT

Telephone: 0800 368 7848