

GoMove Physio – Shadowing Work Experience Form



TERMS & CONDITIONS

The Application:

- For applicants under the age of 18, we will need permission from your parent/guardian/teacher to process your work experience request.

Please Be Aware:

- Please give at least **12 weeks' notice** when applying for work experience – if you are unable to provide your application within this timeframe, we may not be able to facilitate your placement for your chosen date(s).
- Due to the number of applications we receive, we are only able to arrange one placement per academic year to allow other students to undertake placements.
- In addition to the above point, we have restrictions on the number of placements we can offer per month. Therefore we advise all applicants to apply as soon as possible (as we accept applications on a first come first serve basis).
- We could facilitate work experience placements for up to 3 full days, depending on the workload and availability of staff.
- Due to the traveling nature of home physiotherapy, we expect students who are drivers to be able to make their way to each patient's house during the period of their work experience. We may be able to offer lifts to non-driver students to each patient's house throughout their work experience.
- Please note we cannot guarantee work experience at GoMove Physio due to the nature of the work. We aim to inform students of any changes to their placement as soon as possible to allow alternative plans to be made. We encourage students to arrange an alternative placement in case we are unable to facilitate their request.
- Please note – if inadequate information is provided, your application will be declined.

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Data Protection and Confidentiality:

- We may use your information for reporting purposes; however, information is dealt with in the strictest confidence.
- We may contact you regarding creating a case study based on your work experience to upload onto our website.
- We value all our patient's privacy and confidentiality – **specific information gained through your work experience about our patients must not be shared outside of your placement.**

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Preferred starting date of placement	
Preferred ending date of placement	

CANDIDATE AND PLACEMENT DETAILS

First Name	
Surname	
Address	
Town	
Postcode	
Email	
Contact Number	
Date of Birth	
Gender	
Do you have any learning disabilities/disabilities we may need to be aware of? (If yes, please state)	
Describe your Ethnicity	
Employment Status	
Are you a driver?	

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EMERGENCY CONTACT

Name	
Contact Number	
Relationship to You	

PLACEMENT

Where did you hear about GoMove Physio?	
What career are you aspiring towards?	

Please tell us why you are applying for Work Experience.

This is your opportunity to promote yourself and to identify why you would like to gain work experience with GoMove Physio. Please use this space to provide any supporting information to go with your application. This can be anything that is not already covered by the other questions on the form and may include interests, career aspirations, how the placement will benefit you, and extra-curricular activities either within or outside of sixth form/college (500 words max).

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CURRENT QUALIFICATIONS

Qualification Type and Result

Are you currently studying?	
If yes, where are you studying?	
If yes, what are you studying?	
Do you plan on applying to university?	
If yes, what course(s) are you hoping to get in to?	

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Reference Name	
Reference relationship (Teacher/Tutor if you are a student)	
Reference email address	

Academic supporting information (from a teacher/tutor if you are a student) or personal supporting information (from a personal reference) (500 words max).

YOUR DECLARATION

I agree to all the Terms and Conditions stated above. I can also confirm that the information given on this application form is correct. I understand that any false information may result in my application being refused or my placement being cancelled:

YES / NO

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PARENT/GUARDIAN CONSENT (If you are under the age of 18)

Name	
Relationship with the student	

I agree to all the Terms and Conditions stated above on behalf of the student. I can also confirm that the information given on this application form is correct. I understand that any false information may result in my application being refused or my placement being cancelled:

YES / NO

Please send the completed form through our website or via email:

- Website: <https://gomovephysio.com/shadowing-work-experience>
- Email: www.gomovephysio.com