Dear <name of individual>

Thank you for the interest you have shown in visiting the <name of HSC organisation> on placement from <name of school / College> for the purposes of work experience in connection with your current studies.

As you may come in contact with patients/clients, it is important that your health does not pose any risks either for yourself or the patients, clients and staff of the hospital.

I would therefore be grateful if you would consider if any of the following situations are relevant to you:

- If you are currently suffering from an infectious illness such as Chicken Pox, Measles or German measles (rubella), T.B., or a flu-like illness.
- If you have recently been in close contact with someone suffering from such an illness.
- If you have any illness or you are on any treatment that might take make you vulnerable to infection.

If you think any of these situations apply to you or you want other health advice relating to your placement please contact the Occupational Health Service on <telephone number> and ask to speak to an Occupational Health Professional. Your call will be dealt with confidentially.
Student Expectations while on placement

Students please take note of these expectations in relation to behaviour whilst on work experience;

- Students are expected to demonstrate interest in the activities of the department by researching their chosen career and by discussing activities and services with their supervisor during their work experience placement.

- Students are expected to behave in a manner consistent with Trust Policies and Procedures. In particular it is the policy of the Trust to ensure equality for all irrespective of any matter including:
  - Religious belief or political opinion
  - Gender, marital status or domestic responsibility
  - Sexual orientation
  - Race or ethnic origin
  - Disability

- Use of mobile phones for any purpose during work experience is not permitted during the working hours. This must be done during tea/lunch breaks only.

- Managers reserve the right to terminate any work experience placement where students demonstrate a lack of interest during their placement or behaviour which does not add to the services provided by the departments across the Trust.

To facilitate your placement on the conditions set out above you are now required to complete the attached documentation and return this to your placement supervisor on your first day. Failure to bring this completed documentation on your first day will mean your placement cannot commence.

If you have any queries regarding your forthcoming placement please contact <local contact>

Yours sincerely,
<name of issuing officer>
Section 1: Personal Details

Name of student: __________________________________________

School/College Name: __________________________________________

Area/Site of work placement: __________________________________________

Date(s) of work placement:  From: / /  To: / /

Section 2:
Confidentiality Agreement

I, __________________________________________(student) of
________________________________________(school/college) hereby acknowledge that in
consideration of the <name of HSC organisation> allowing me onto Trust premises
for the purposes of fulfilling a placement on a Work Experience Scheme, organised
by __________________________________________(school/college) that:

I acknowledge I will have access to Confidential Information, during the course of my
placement. I, therefore, agree to accept the following restrictions.

I shall not (except on the instructions of an authorised officer of the Trust), either
during the placement or at any time after its termination (howsoever arising), use or
disclose to any person, company or other organisation whatsoever (and shall use my
best endeavours to prevent the publication or disclosure of) any Confidential
Information.

I understand this includes the prohibition of sharing any information obtained in the
course of this placement in social networking communication.

This restriction does not apply to:
For the purposes of this agreement Confidential Information is defined as information (whether or not recorded in documentary form, or stored on any magnetic or optical disk or memory) which is not in the public domain, not limited to but including (by way of illustration and without limitation), all patient medical records including scans and test results and all documentation relating to the running of the Trust and its finances.

AGREEMENT

I confirm that I have read and understand the statement above and agree to the conditions set out above.

NAME OF STUDENT: ____________________________________________

SIGNATURE: ______________________________________________

DATE OF SIGNING: / /

PLACEMENT DETAILS: Occupational Area

______________________________

Supervisor Name

You must sign this Agreement and hand it to your placement supervisor on the first day of your placement. If you do not bring a completed Agreement with you on your first day, you will be required to complete this before your placement can commence.

PLACEMENT SUPERVISORS

Please return fully completed and signed Placement Agreements to:

<contact details in HR>