

Work Experience application



**East Cheshire
Hospice**

Thank you for your interest in Work experience at our Hospice.
Please can you complete the Application Form below and return to:-
recruitment@echospice.org.uk
Please be aware that we can't always fit all applicants into our programme,
but we do our best and will let you know as soon as possible.

Personal Details			
Title:	Forename(s)	Surname:	Date of Birth
Address:		Home Telephone:	
		Mobile Telephone:	
		email:	
Postcode:			

Emergency Contact Details	
Name:	Mobile Telephone:
Relationship to you:	Home Telephone:

Health
<i>Please detail any health issues which may affect your placement within the hospice</i>

<p>Please briefly tell us what you are looking for from a work placement.</p> <p>Please tell us about your previous experience / relevant study</p> <p>When would you like your placement to start?</p> <p>Any other information</p>
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Consent (optional)

I am happy to be contacted by the Hospice via email regarding Hospice News & Events and Volunteering opportunities.

by post

by email

by phone

by SMS text message

I understand that by completing this application my details will be stored in the database and I will be contacted by the volunteering team via my provided contact details

Yes

No

Data Protection Notification

The information you have provided in completing this form will be used to process your application for volunteering with us. If you do not commence volunteering with us, information will be confidentially destroyed within three months. If you become a volunteer, we will keep your information confidential and will not divulge it to third parties without your permission, except where required by law. Access to your personal information is restricted to only those who need to view it in the course of their work and will only be used for the purposes that was intended. Following the end of your volunteering your file will be kept for 12 months and then confidentially destroyed.

Authorisation: I have read the Data Protection notification above and understand and agree to the use of my personal data in accordance with the General Data Protection Regulations 2018

Signature:

if completing electronically entering your initials here acts as your signature: