

Student Work Experience Application Form

Please complete all sections of this form and return by post or email to:

The Bays Healthcare Group

HR Coordinator

Vale Street

Mornington 3931

workexperience@thebays.com.au

Name:		D.O.B:	
Address:			
Email:			
Contact Number:		School:	
Teacher Name:		School Contact Number:	
Parent/Guardian Name:		Parent/Guardian Contact:	
Medicare Number:		Attending GP:	

Placement Type:

Please indicate below the work experience you are interested in. E.g. Nursing, Physiotherapy, Administration etc.

Note: Work experience placements are limited; therefore The Bays Healthcare Group will offer placements subject to availability.

Subjects I'm currently studying are:

MEDICAL INFORMATION (Allergies, disabilities or conditions)

Do you have any past or current medical condition which may affect your ability to complete work experience, or which may be aggravated or worsened by undertaking work experience?

Yes No



If yes, please describe in detail:

How did you hear about Work Experience at The Bays?

Please indicate your preferred location to complete work experience.

- The Bays Hospital, located in Mornington
- The Bays Aged Care, located in Hastings

In 300 words or less please outline why you are interested in completing your work experience at The Bays Healthcare Group and how it can further assist in achieving your future career goals.



Important information for parents/guardians and students

Please read the following information regarding The Bays Work Experience Program.

During this work experience program we will aim to provide as many opportunities as possible for students to gain an understanding of the enormous variety of activities and tasks that combine to deliver a contemporary and professional healthcare service. This will include time spent in clinical areas, administration and service areas and also in our catering and environmental services teams.

Students will have the opportunity to observe medical procedures. This may take place on one or both of our medical and surgical wards or within theatre. We will at all times seek consent from the individual patient and their treating doctors and other healthcare professionals before students will be able to observe a medical procedure. The student will also be briefed before any observation occurs to explain the procedure and what the student will observe.

A student can opt out of any or all observations at any point during the work experience program.

This signed application is taken as consent, from both the student and the named parent or guardian, for students to observe appropriate medical procedures and observe healthcare delivery by an appropriately qualified clinician or other healthcare professional.

Medical procedures of any type can be confronting at times. We will seek to understand individual student's preferences and provide support as required should the student become uncomfortable. Students will be under supervision of their 'buddied' clinician support and can opt out of observing medical procedures at any time. Students will also attend a debrief session at the end of each day to ensure they are comfortable with the day's activities.

In the case of an accident (for example fainting) by signing this application you also give consent for The Bays to take appropriate action including medical tests and interventions as necessary. Understanding that where possible all associated medical costs will be bulk billed through Medicare however any out of pocket expenses will be the responsibility of the parent or guardian. If consent for treatment is not given The Bays Healthcare Group will not be held accountable for any medical related issues and the student will no longer be required to complete their work experience at The Bays. All students are covered by insurance whilst participating in the work experience program.

Each student must have their immunisation schedule up to date and be physically and mentally fit to participate.

Attendance is required from 9:00am until 3:00pm. Students may not leave the facility during those hours unless pre arranged. If a student is unable to attend, both The Bays and their School must be notified.

If students become uncomfortable or distressed by being in a healthcare setting, at anytime, they are required to notify their 'buddy' or Work Experience Coordinator immediately.

All applications will be reviewed. Successful applicants will be contacted via phone and acceptance letter will be issued.



Places on our Work Experience Program are limited so that we can deliver a relevant and good quality program to the selected students. We are, unfortunately, unable to offer a place to every student who applies.

Declaration

I acknowledge that I have read and understood the following information regarding The Bays Work Experience Program.

Student Name:		Date:	
Signature:			

Parent/Guardian Name:		Date:	
Signature:			