



# Workplace Student & Visiting Professional

## Application Form

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

Name: ..... Date of Birth: .....

Address: .....

.....

..... Postcode: .....

Contact (Day): ..... Contact (Evening): .....

Email: .....

### Workplace Students

Please state your place of study? .....
Placement organiser: .....

### Visiting Professionals

Please state your place of work? .....
Placement organiser: .....

Emergency Contact Details	Placement Details (Office Use Only)
Business Name:	PVG/Disclosure Scheme Record No: .....
Address:	Date of Issue.....
Post Code:	Signature of staff member undertaking PVG Check.....
Telephone No:	IMMUNISATION Details
Corporate Contact:	HEP B – Date of Issue ..... FLU – Date of Issue .....
Health Related Issues	Your special requirements specific to this placement?

Would you consider being a Hospice Volunteer in the future? **Yes / No**

Your details will be automatically entered into the Hospice Volunteer and Fundraising databases.

Please tick the box if you do not wish your details to be added to the database.

Signature..... Date.....

*Thank you for supporting St Margaret of Scotland Hospice in this way!*