**NHS Careers Pathway Event Expression of Interest Form**

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| **Personal Details**  |
| **Name:** |  | **Age Group:****(please tick)** | Under 16 🞐, 16-18 🞐, 18-24 🞐, 25+ 🞐 |
| **Address:** |  | **Current Level of Study:** | GCSE 🞐, A Levels 🞐, BTEC🞐 College 🞐, Undergraduate degree 🞐, Other 🞐 If ‘other’ please specify: |
| **Post Code:** |  | **Place of Study:** |  |
| **Email address:** |  | **Preferred contact number:** |  |
| **Are you happy to be contacted about future events or work experience related opportunities?** | Yes 🞐 No 🞐 |
| **Emergency Contact Details**  |
| **Emergency contact name:** |  | **Relationship to you:** |  |
| **Emergency contact number:** |  |  |
| **Careers Information**  |
| **Subjects currently studied:** |  |
| **Please specify a minimum of three areas of interest in relation to careers within the NHS:** |  |
| **Are you interested in finding out about apprenticeship opportunities within the NHS? *(please tick)*** | Yes 🞐 No 🞐 unsure 🞐 |
| **Do you wish to hear from Higher Education (HEI’s) providers within the local area at the event?**  | Yes 🞐 No 🞐 unsure 🞐 |
| **Main reason(s) for wanting to attend this event:** |  |
| **Are you attending this event to inform future education choices?**  | Yes 🞐 No 🞐 Unsure 🞐 |
| **Are you attending this event because you have a strong interest in working for the NHS?** | Yes 🞐 No 🞐 Unsure 🞐 |
| **Are you attending this event because you are interested in work experience?** | Yes 🞐 No 🞐 Unsure 🞐 |
| **Media and Publicity Consent** |
| Photos, video and audio are powerful tools in helping us to spread the good work that happens at our Trusts and also helps us to promote our services both internally and externally. They are used for promotional and training purposes on platforms such as websites, leaflets and social media and can be sent to the press. Our Trust will process your personal data in accordance with the provisions of the UK Data Protection legislation. To comply with the UK Data Protection legislation, we need your permission to use photographs/audio/video of you. Personal details of those taking part are never made available to third parties such as local media without your permission. We would like to use your photograph, video and audio. For use in:* **Social media** (e.g. Facebook, Twitter etc.)
* **Internal material** (e.g. staff magazine, posters and leaflets)
* **External material** (e.g. leaflets, posters, promotional material and online)
* **Press and media** (e.g. News and Star, Cumbria Crack, ITV Border, Look North, That’s Cumbria)
 |
| I understand that any copyright or other intellectual property which arises in the recording belongs to either North Cumbria University Hospitals NHS Trust, Cumbria Partnership NHS Foundation Trust or NHS North Cumbria Clinical Commissioning Group. I consent to you using my photo / video / audio for the purposes explained above.Name…………………………………………………………. Signature……………………………………………………. Date…………………………….. |

**Please return this form to:**

**Email:** **workexperience@ncuh.nhs.uk**

**Post: Vocational Learning Team Office, James George Education Centre, Cumberland Infirmary, Carlisle, CA2 7HY**