

Northern Health

Northern Health Application Form for Work Experience / Structured Workplace Learning

Name			Current Year level
School Details	School:	Address	
	Contact No:		
Please tick what type of placement you are looking for	Work Experience Placement <input type="checkbox"/>	Structured Workplace learning <input type="checkbox"/>	
Placements Dates	Your preferred date:	Your alternate Date:	
Your / Guardian contact number	Your Contact No:	Your Guardian Contact No:	
Your email address			
Coordinator Contact Details	Name:		
	Phone:		
	Email :		
Epping Campus Only		Maximum days allocated	Rate your from 1 -10 your preferred area of experience. 1 = most preferred, 10 = least preferred
Area of Health			
Children's Unit		1day	
Maternity Unit		½ to 1 day	
Neonatal Unit		½ to 1 day	
Day Procedure Unit / Endoscopy Unit		½ to 1 day	
Short Stay Unit		½ to 1 day	
Outpatients Clinics (A,B,C,D) - buddied with Medical Officer		½ day	
Outpatients Pre- Admission Clinic / buddied with Medical Officer		½ day	
Transit / Discharge patient area		½ day	
Outpatients - Plaster Room / Fracture Clinic		½ day	
Cardiac Rehabilitation		½ day	
Hand Therapy		½ day	
Speech Therapy		½ day	
Occupational Therapy		½ to 1 day	
Pharmacy		½ to 1 day	
Dietetics		½ day	
Foot Procedure Unit		½ to 1 day	
Orthotics		½ day	
Physiotherapy		½ to 1 day	
Cardiac Catheter Laboratory		½ to 1 day	
Pathology		½ to 1 day	
IT		1 day	
Engineering (trade only)		1 day	
Administration		5 Days	

Northern Health

In order to ensure your safety whilst in the workplace, we request you complete the following health questionnaire.

This document will be strictly confidential

(If student is under the age of 18 years a parent/guardian will need to sign)

Section 23 of the Occupational Health & Safety Act, 2004 states

Duties of employers to other persons

(1) An employer must ensure, so far as is reasonably practicable, that persons other than employees of the employer are not exposed to risks to their health or safety arising from the conduct of the undertaking of the employer.

Hazard Identification

Students may be exposed to the following hazards whilst undertaking a placement at a Northern Health campus

Physical

Repetitive tasks >2 hours at a time
Manual Handling Equipment
Sustained movements

Ergonomics

Prolonged standing
Prolonged sitting
Constant posture change

Exposure

Fumes
Heat/ Cold
Body fluid/ Blood

Other Hazards in the workplace

Slips, Trips

Personal Health History

Do you suffer from? Please circle YES OR NO

Back injury	Yes or No	High blood pressure	Yes or No
Neck injury	Yes or No	Arthritis, gout, joint disease	Yes or No
Shoulder injury	Yes or No	Heart disease	Yes or No
Seizures, fainting or dizziness	Yes or No	Hearing difficulty	Yes or No
Any type of allergies	Yes or No	Muscular illness	Yes or No
Tuberculosis	Yes or No	Hernia	Yes or No
Any type of Hepatitis	Yes or No	Diabetes	Yes or No
Nervous disorder	Yes or No	Headaches	Yes or No
Respiratory disease	Yes or No	Vision difficulty	Yes or No

Student Agreement

I _____ Student declare the information I have provided is true and correct.

Signature _____ Date _____

Parent/Guardian agreement (Only required if the student is under the age of 18 years)

I _____ **Parent/Guardian** declare the above information is true and correct.

Signature _____ Date _____

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Northern Health Work Experience / Placement Questionnaire

Q1. Why have chosen Northern Health to complete your work experience?

Q2. What are your 5 top choices of preferred areas for work experience and why?

1.

2.

3.

4.

5.

Q3. How did you know to contact Northern Health regarding work experience? (You can tick more than 1 box)

Parent or Guardian is staff here	<input type="checkbox"/>
Your school has recommended Northern Health	<input type="checkbox"/>
You have a friend who has already done placement here	<input type="checkbox"/>
You have an interest working in health care	<input type="checkbox"/>
You're really not sure where to do your work experience	<input type="checkbox"/>