

MedStart 2019

For students considering medicine as a career



East Kent
Hospitals University
NHS Foundation Trust



East Kent
Community Education
Provider Network
Securing the Workforce for the Future

Student Application Form

PART 1

MedStart 4U Taster Day		Tick one only
I would like to attend the Medstart 4U Taster Day on the : (tick one option only)	5 th March 2019 at K&C Hospital	
	2 nd April 2019 at WHH	
	28 th June 2019 at QEQM	

Please complete part 2 of the form if you are 16 or over and would like to apply for the **Medstart Plus Work Experience Block week** (please note that you **MUST** have attended a taster day **BEFORE** you can apply to attend MedStart Plus)

PART 2

Medstart Plus Block Week of Work Experience	Tick one only	Hospital Site (tell us which hospital you want to have your experience in)
I would like to attend the Medstart Plus during the week:	w/c 11 th March 2019	
	w/c 15 th April 2019	
	w/c 8 th July 2019	

Personal / Contact Details

(please use block capitals)

Name:		DOB:	
Full Postal Address:		e-mail:	
Telephone:		Mobile:	
Special Requirements (disabilities, diet, allergies etc.)			

School Details

Name of School:		Contact Name at the school:	
School Postal Address:			
Telephone:		School contact e-mail:	
Subjects being studied/or to be studied			

PTO (form continues overleaf)

To be completed by the school:

PART 1 – Medstart4U Taster Day

I can confirm that (student name)..... has school permission to attend the Medstart4U Taster day on the2019.

PART 2 – Medstart Plus – Work Experience (if applicable)

I can further confirm that the above student is/or will be at time of event, over 16 and has permission to attend the Medstart Plus Block Week Work Experience during w/c..... at the (hospital)

I support this application and am in full agreement for the above student to attend Medstart4U and/or Medstart Plus whichever is appropriate, because:

Name: _____ Signature: _____

Position in School: _____ Date: _____

To be completed by the Parent/Guardian (delete as appropriate):

PART 1 – Medstart4U Taster Day

I can confirm that (student name)..... has my permission to attend the Medstart4U Taster day on the2019.

PART 2 – Medstart Plus – Work Experience (if applicable)

I can further confirm that the above student is/or will be at time of event, over 16 and has permission to attend the Medstart Plus Block Week Work Experience during w/c..... at the (hospital)

Name: _____ Signature: _____

Date: _____

Deadline for Applications

For the 5th March – we need to receive applications by 5th February 2019

For the 2nd April – we need to receive applications by 2nd March 2019

For the 28th June – we need to receive applications by 28th May 2019

Applications received after these dates may not be accepted.