

WORK EXPERIENCE FORM

Thank you for requesting to complete work experience at Willesden Green Surgery. We would be delighted to have you join us. You will be allocated a doctor who will look after you for the duration of your work experience. Please fill out this form and email it back to us at willesdengreensurgery@nhs.net

About Yourself:

Full Name	
Date of Birth	
Address	
Phone Number	
Email Address	
Emergency Contact Name	
Emergency Contact Number	

Current Status:

School Year	
Subjects Studied	
GCSE Results	
A Level Results/ Predictions	

Work Experience:

Dates of Work Experience	
Aims of Work Experience	1. 2. 3.
Areas of Interest	

Confidentiality Clause

Your work placement is strictly confidential. Nothing that you learn from a medical record, patient consultation, or from any correspondence must ever be disclosed to anyone outside of the practice.

- You must declare if you come into contact with, or read any documentation referring to a person you know.
- The treatment or behaviour of a doctor must never be criticised or discussed within the hearing of a patient.
- You must be extremely cautious when talking about any of the doctors or patients when in the reception area as your comments may be easily overheard by patients at the reception desk.
- Breach of confidentiality is a serious act of misconduct and will result with the placement being stopped with immediate effect. Your school tutor will also be notified of any breach of confidentiality.
- A breach of confidentiality would be treated seriously, and the GMC informed. This means the GMC would be aware of any previous incident at the time of registration as an undergraduate medical student should you be successful in application to Medical School. This could subsequently have an adverse effect on medical licensure.
- You must not give out any information over the telephone.

This is to confirm that I have read the confidentiality agreement and understand the implications should I breach this agreement

Signed.....

Date.....