**Final Year Community Programme for Pre-Registration Student Nurses**

**Expression of Interest Form**

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| **Name** |  |
| **Postcode (Whilst resident in Birmingham area)** |  |
| **University Email Contact Details**  |  |
| **University**  |  |
| **Programme** |  |
| **Date of entry to Final Year**  |  |
| **Field of Study (Please Circle)** | Adult |  Child |  Learning Disability |
| **Division Option Adult Field Only**Please indicate first and second preference to Division**\***. | **Adult Specialist Rehabilitation (ASR)**Adult inpatient wards/units Moseley Hall Hospital, West Heath Hospital, CU27 – Good Hope Hospital, Perry Tree Centre, Annmarie Howes Centre, HMP Winson Green.**NB Please identify an area if you have a preference to one of the wards listed above.** | \* |
| **Adult Community Services (ACS)****NB If a suitable vacancy is identified for a Substantive post offer, this division has assessed the role requires you to be a car driver.**  | \* |
| **Division Option Adult, Child, and LD Fields**  | **Children’s & Families Division**Health Visiting, School Nursing, Immunisation Team, Enuresis Team, Inclusion Services, Specialist Nursing Teams. **NB You must be independently mobile with ability to travel to be offered a substantive position if a suitable vacancy is identified.**  |  |
| **Division Option LD Field Only**  | **Learning Disabilities Division**Community Services delivered from 3 sites across the city which comprises, Community Nursing, Intensive Support Team, Forensic Team and Health Facilitation. Bedded Riverside area services delivered at Riverside Lodge Respite/ Day Services, 10 Kingswood Drive (Respite Service) and 9 Kingswood Drive (End of Life and Physical Health)**NB You must be independently mobile with ability to travel to be offered a substantive position if a suitable vacancy is identified.**  |  |
| **For ALL Divisions -Adult Specialist Rehabilitation, Adult Community Services, Children’s & Families and LD Select locality (within Birmingham).** **Where possible, students will be allocated to first locality choice** Please indicate first, second **AND** third preference for the locality. | North |  |
| East |  |
| South |  |
| West |  |
| Central |  |
| **Previous Placements in BCHC** Please advise if you have had previous placements in BCHC and where you were allocated and year of allocation.  | Previous Placements BCHC |  |
| **Supporting Statement (500 Words Max)**Please advise why you should be considered for the BCHC Final Year Community Programme. |

**Please note that your preference cannot be guaranteed but we will look at all requests and take into consideration location of residence and distance to selected locality.**

**Send completed forms to** **bchc.clinical.students@nhs.net**

**Forms must be returned no later than 4pm 30th June 2025**

**(If they would like to speak to a member of the team, please email the generic email address above with a suitable contact number and one of the Clinical Student Managers will contact you within 48 working hours (Monday-Friday).**