| **Student's Contact Number:** |
|---|

# APPENDIX 1 – OBSERVER REQUEST FORM

| **YORKSHIRE AMBULANCE SERVICE NHS TRUST**<br><br>**OBSERVER REQUEST FORM** | |
|---|---|
| **Name** | |
| **Home Address** | |
| **Employer Details and employer contact name (if applicable) or University/College** | University of Sheffield, Medical School |
| **Dates when available for observing** | |
| **Preferred – Department** | |
| **Are you an Employability Trainee** | **Yes/No** |
| **Confirmation you can comply with the Observer Dress Code** | **Yes/No**<br>(failure to comply will result in non approval of application) |
| **What are the reasons for you wanting to spend time with the ambulance service:** | |
| **I have read/received tuition and understand the:**<br><br>**YAS Health and Safety Policy**<br>**YAS Code of Conduct**<br>**YAS Observer Procedure**<br>**YAS Dress Code** | |
| **I have undertaken a CRB Check within the last five years:**<br>**Yes/No** **Date** | |
| **CRB/ISA check/vetting and barring paperwork seen by..... on…….** | |
| We hope that you find your time with us interesting and useful towards your career development.<br><br>**Observer Signature:** **Employer Signature:**<br>**Date:** **Date:** | |
| Office Use only:<br><br>Approved By: | |