|  |  |
| --- | --- |
| Your name |  |
| Your school |  |
| Date of visit |  |
| Place of visit |  |

**Experiences of workplaces in primary care – student evaluation form**

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| Which NHS career(s) interest you the most? |
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| Please tick the answer which best describes your plan |
| I am planning on going to university |  |
| I’d like to do an apprenticeship |  |
| I would like to step straight into work after school |  |

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| What did you enjoy about your work experience visit? |
|  |

|  |
| --- |
| What could we do to make this experience of workplace even better? |
|  |

|  |  |  |
| --- | --- | --- |
| Would you recommend this experience of workplace to other students?  | Yes | No |