**INSIDER INSIGHTS WORK SHADOWING APPLICATION FORM**

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| **Personal Details****Name:****Job Title:****Service:****Who will act as your Host (Person/Department/Office):** |
| **Please describe why you wish to shadow in this area and where you feel the benefit will be. (Include what you hope to learn from the experience - for you personally, your team and the overall student experience)** |
| **Where do you think this work shadow experience will have potential value/impact? Identify any areas or processes you might want to particularly focus on** |
| **Agreed Date and Duration** |
| **How will you share your findings with your current service?** |

* **Please discuss with your line manager in the first instance, then your host Department. Once all details have been confirmed, complete and email the final version of the form to your line manager and host and copy** **insiderinsights@ucc.ie**