**BCP Supported Internship Application Form September 2025**

One completed, please return by email to: [supportedinternships@bcpcouncil.gov.uk](mailto:supportedinternships@bcpcouncil.gov.uk)

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| 1. **Personal Details:** | | | | | | | | | | | | | | | | | | |
| **Title:** | **1)** Mr 2**)** Mrs 3) Miss **4)** Ms **5)** Dr **6)** Rev **7)** Hon **9)** Other | | | | | | | | | | | | | | | | | |
| **Last Name**: | | |  | | | | | **Forename:** | | | |  | | | | | | |
| **Date of Birth:** | | |  | | | | | **Sex (M/F):** | | | |  | | | | | | |
| ***Preferred Name (Tutor Use):*** | | |  | | | | | | | | | ***Preferred Gender***  ***(Office Use):*** | | | |  | | |
| **N.I. Number:** | | |  | | | | | | | | | | | | | | | |
| **Type of ID Provided** (needs to show DOB): | | |  | | **Seen by** (staff member): | | | | |  | | | | | **Date seen:** | | |  |
| **Home Address:** | | |  | | | | | | | | | | | | | | | |
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|  | | | | | | | | | **Postcode:** | | | |  | | | | | |
| **Email:** | |  | | | | | | | | | | | | | | | | |
| **Telephone:** | | | |  | | | | | | | **Mobile:** | | |  | | | | |
| **Preferred Contact Method:** (please circle) | | | | Email | | Phone | | | | | | | | Text | | | Post | |
| **Have you lived in the UK for over 3 years?** | | | | | | | Yes / No | | | | | | | | | | | |

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| 1. **Next of Kin/Emergency contact** | | | | |
| **Title:** | **1)** Mr 2**)** Mrs 3) Miss 4**)** Ms **5)** Dr **6)** Rev **7)** Hon **9)** Other | | | |
| **Contact Name**: | |  | **Phone Number:** |  |
| **Relationship:** (i.e. mother, brother) | |  | **Email:** |  |
| **Title:** | | **1)** Mr 2**)** Mrs 3) Miss **4)** Ms **5)** Dr **6)** Rev **7)** Hon **9)** Other | | |
| **Contact Name**: | |  | **Phone Number:** |  |
| **Relationship:** (i.e. mother, brother) | |  | **Email:** |  |

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| 1. **Social Worker/Key worker (if applicable)** | | | | |
| **Title:** | **1)** Mr **2)** Mrs **3**) Miss **4)** Ms **5)** Dr **6)** Rev **7)** Hon **9)** Other | | | |
| **Contact Name**: | |  | **Phone Number:** |  |
| **Relationship:** (i.e. social worker, key worker, virtual head, CAMHS) | |  | **Email:** |  |
| **Title:** | | **1)** Mr **2)** Mrs **3**) Miss **4)** Ms **5)** Dr **6)** Rev **7)** Hon **9)** Other | | |
| **Contact Name**: | |  | **Phone Number:** |  |
| **Relationship:** (i.e. social worker, key worker, virtual head, CAMHS) | |  | **Email:** |  |

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| 1. **Employment Status at time of enrolment** | | | | | **Please tick** |
| **Are you:** | | | | | |
| In paid employment (10) working: | 0 – 10 hours | 20 – 21 hours | 21 – 30 hours | 31+ hours | |
| Not in paid employment, looking for work and available to start work (11) | | | | |  |
| Not in paid employment, not looking for work and/or not available to start work (12) | | | | |  |

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| **Were you in full time education or training prior to enrolment with us?***(PEI1)* | Yes / No |
| **If yes, what was the previous education establishment:** |  |
| **Date left:** |  |
| Is this the first time you have undertaken training with the Centre? **Yes / No** | |

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| 1. **Benefits** | | | | | | |
| Do you currently receive: | PIP | | Universal Credit | | DLA | |
| If yes, do you have a DWP appointee? | Yes | | | No | | Unknown |
| If unknown, who is the name on your DWP letter? | |  | | | | |

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| 1. **Equal Opportunities Monitoring Information (please circle most appropriate)** | | | | | | | | | | |
| **Office - Electronic Completion** | | | |  | | | | | | |
| **31** | English/Welsh/  Scottish  /N. Irish/British | **35** | White & Black Caribbean | | **39** | Indian | **44** | African | **47** | Arab |
| **32** | Irish | **36** | White & Black African | | **40** | Pakistani | **45** | Caribbean | **98** | Other ethnic group |
| **33** | Gypsy or Irish  Traveller | **37** | White & Asian | | **41** | Bangladeshi | **46** | Other Black/ African/ Caribbean background | **99** | Prefer not to say |
| **34** | Other White background | **38** | Other Mixed Ethnic background | | **42** | Chinese | **43** | Other Asian  background |  |  |

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| Do you have specific medical conditions you wish to advise us of (for example allergies, diabetes, epilepsy)? |
| Have you been given specific medical advice to follow in an emergency? If so please give details: |
| Will you have the necessary medication with you at all times for the condition(s) identified above? **Yes / No** |

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| 1. **Have you ever had a Criminal Conviction? If so, please provide details.** |
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| 1. **Health & Learning** | | | | | | | | | |
| **Do you consider yourself to have a learning difficulty and/or disability and/or health problem?** | | | | | **Yes (1)** | | **No (2)** | | |
|  | | | | | | | | | |
| **Health & Learning (please tick as many as you wish, showing ONE as the Primary (main)** | | | | | | | | | |
|  | (Please tick relevant boxes) | **✓** | **Primary (✓)** |  | | (Please tick relevant boxes) | | **✓** | **Primary (✓)** |
| 4 | Vision impairment |  |  | 14 | | Autism spectrum disorder | |  |  |
| 5 | Hearing impairment |  |  | 15 | | Asperger’s syndrome | |  |  |
| 6 | Disability affecting mobility |  |  | 16 | | Temporary disability after illness or accident | |  |  |
| 7 | Profound complex disabilities |  |  | 17 | | Speech, language and communication needs | |  |  |
| 8 | Social and emotional difficulties |  |  | 93 | | Other physical disability | |  |  |
| 9 | Mental health difficulties |  |  | 94 | | Other specific learning difficulty (i.e. Dyspraxia) | |  |  |
| 10 | Moderate learning difficulty |  |  | 95 | | Other medical condition (i.e. asthma) | |  |  |
| 11 | Severe learning difficulty |  |  | 96 | | Other learning difficulty | |  |  |
| 12 | Dyslexia |  |  | 97 | | Other disability | |  |  |
| 13 | Dyscalculia |  |  | 98 | | Prefer not to say | |  |  |
|  |  |  |  | 99 | | Not provided | |  |  |

Do you have an EHCP?  **Yes / No** Date of EHCP (admin to complete) …………………………

If not are you currently going through the EHCP process? **Yes / No**

Do you give consent for us to have a copy? **Yes / No**

Date completed: …………………………………………………………………………………….

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| 1. **Prior Attainment** | | | | | |
| Qualifications Details (please complete the most appropriate section): | | | | | |
| **Qualification below level 1 OR Entry level e.g. basic skills qualifications** | | | | | |
| Details of qualifications achieved | | | Date Completed | | Grade / Level |
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| **Qualifications not known (please tick)** |  | **No Qualifications (please tick)** | |  | |

Please note that by completing this form your details will be held on our student record system and will be used for the purposes of administration, guidance and monitoring and to assist you with your education. After you have applied and been accepted, we will occasionally make student information available to external agencies (e.g. examination boards, careers service, results publication, government agencies, funding partners, prospective employers, etc.). We may also share your information with your current school and any other nominated support worker or representative you may be working with to help you through our application process. The details you have provided may also be shared with internal/external support staff to ensure the appropriate support is provided. The Data you supply may also be used to check for or obtain a unique learner number. SWRAC is committed to equal opportunities and complies with the Data Protection Act 1998. As part of our admissions process we will send you information and communications relating to your application and admissions (generally this will be by SMS, however, it could also be by email, telephone or post).

I confirm that to the best of my knowledge the information given on this form is correct and I understand how my data will be used during the application process.

Applicant Signature …………………………………………………………………………………

Parent/Guardian (if applicable) …………………………………………………………………….

Date completed: …………………………………………………………………………………….

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| **Internal use only** | | |
| Risk assessment ENG01 complete? | | |
| Yes | No | Not Required |