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**BCP Supported Internship - Application Form – 2023**

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

**Section A: The following information can be completed on behalf of the applicant.**

**Applicant Information:**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Preferred Name |  |
| Gender (M / F) |  |
| Preferred Gender |  |
| Address |  |
| Date of Birth |  |
| Contact Number |  |
| Email Address |  |
| Student ID i.e. ULN (If applicable) |  |
| National Insurance Number |  |
| Current School/College (if applicable) |  |
| What course are you currently attending (if applicable) |  |



**Parent/Guardian/Carer Information:**

|  |  |
| --- | --- |
| Name |  |
| Relationship to applicant |  |
| Address |  |
| Contact Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| Do you have any medical information you would like to share with us? *i.e. hearing impairment, epilepsy, diabetes etc.* This information will help us identify what additional support needs you might have if your application is successful. | |
|  | |
| Do you have an EHCP/PLSP or other formal statement or plan? |  |
| Do you give consent for us to have a copy? | Y / N |
| Other Agencies or Support involved now or in the past, i.e. TA, CAMHS, Speech & Language, Occ Therapy |  |

**Application Questions: Please circle the appropriate answer**

|  |  |  |
| --- | --- | --- |
| **Q1.** Are you able to travel independently? | Yes | No |
| If no, are you willing to undertake travel training before the course starts? | Yes | No |
| Comments: | | |
| **Q2.** This course is aiming to get you ready for full time paid employment. Do you want a full time job? | Yes | No |
| Comments: | | |
| **Q3.** This course starts in September 2023 and will finish July 2024. You will be required to be in the host business from 9am until 4pm from Monday to Friday. Are you willing to commit to these hours? | Yes | No |
| Comments: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q4. Tick the box that matches your skill in the following areas: | | | | | |
| **I am good at …** | 1  Strongly disagree | 2  Disagree | 3  Neither agree or disagree | 4  Agree | 5  Strongly Agree |
| Time keeping |  |  |  |  |  |
| Working with others |  |  |  |  |  |
| Verbal Communication |  |  |  |  |  |
| Working Independently |  |  |  |  |  |
| Following Instructions |  |  |  |  |  |
| Completing tasks I do not enjoy |  |  |  |  |  |
| Meeting new people / environments |  |  |  |  |  |
| Keeping a positive attitude |  |  |  |  |  |

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| --- |
| **Q5.** Why do you want full time paid employment? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Q6.** What previous work experience have you completed? | | | |
| Company Name | Job Title | Responsibilities | Dates |
|  |  |  |  |

|  |
| --- |
| **Q7.** What are your interests and hobbies? |
|  |
|  |
|  |
|  |

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| --- | --- | --- |
| **Q8.** Please provide details of your highest qualification AND your English and maths qualifications. | | |
| Qualification Title | Date Completed | Grade Achieved |
|  |  |  |

**Section B: Can be completed on behalf of the applicant. Please fill in the following reference information. One reference should be from a current or most recent educator and the second should be a character reference from someone other than a parent or guardian e.g. social worker, family friend, work experience colleague etc.**

|  |  |
| --- | --- |
| **Reference 1:** | |
| Name |  |
| Address |  |
| Email Address |  |
| Contact Number |  |
| Job Title |  |
| Relationship to applicant |  |

|  |  |
| --- | --- |
| **Reference 2:** | |
| Name |  |
| Address |  |
| Email Address |  |
| Contact Number |  |
| Job Title |  |
| Relationship to applicant |  |

**If this has been filled out by another person on behalf of the applicant please sign here:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |
| **Relationship:** |  |

**Section C: The following Question should be answered and handwritten by the applicant**

|  |
| --- |
| **A bit about you:** |
| What job to do you want and why? |
|  |
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**To be signed by the applicant:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |
|  |  |
| Please return by email to: [supportedinternships@bcpcouncil.gov.uk](mailto:supportedinternships@bcpcouncil.gov.uk) or post to:  BCP Supported Internships, BCP Council, Ted Webster Family Centre, 519A Ashley Road Poole BH14 0BD | | |