Project Choice Application Form

(If you need help filling in this form, please ask your parent/carer, teacher or connexions advisor to help.)

**Your Personal Details:**

Name:

Date of Birth:

National Insurance Number:

Address:

Postcode:

**Your contact details:**

Home phone number:

Mobile phone number:

Email address:

What is the best way to contact you? (please underline)

Home Number Mobile Phone Email

**Your emergency contacts:**

Emergency contact 1:   
  
Name:

Relationship to you:

Contact number:

Emergency contact 2:   
  
Name:

Relationship to you:

Contact number:

Are you applying for the supported work experience or internship?

Please tick

Work experience Internship

**Education History:**

Name of last/current school attended:

Please list your qualifications (include Maths and English)

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Examining body** | **Level** | **Date received** |
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Feel free to attach any extra onto a spare piece of paper.

Any other courses you have attended:  
(e.g. First aid, Duke of Edinburgh, Food Hygeine)

|  |  |
| --- | --- |
| **Course attended** | **Date achieved** |
|  |  |
|  |  |
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|  |  |
|  |  |

**Work experience history**

Please tell us about any work experience you have had (don’t worry if you have not had any)

|  |  |
| --- | --- |
| Company Name |  |
| My job title |  |
| Tasks I have done in this job |  |
| Type of job (voluntary/paid/work experience) |  |

|  |  |
| --- | --- |
| Company Name |  |
| My job title |  |
| Tasks I have done in this job |  |
| Type of job (voluntary/paid/work experience) |  |

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| --- | --- |
| Company Name |  |
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| --- | --- |
| Company Name |  |
| My job title |  |
| Tasks I have done in this job |  |
| Type of job (voluntary/paid/work experience) |  |

**Hobbies and activities**

Please tell us about any relevant hobbies, activities or groups you are part of (e.g. football team, community projects, arts & crafts)

**About you**

Who do you live with?

Do you live in supported housing? (please underline)

Yes No

Do you have an EHC plan, Learning Difficulty Assessment or Statement of Special Educational Needs? (please underline)

Yes No

Are you diagnosed with being on the Autistic Spectrum? (please underline)

Yes No

Are you diagnosed with having a Learning Difficulty/Disability? (please underline)

Yes No

Do you have a physical disability? (please underline)

Yes No

Do you have any medical conditions? (e.g. Asthma, Epilepsy)

Yes No

If you have answered ‘Yes’ to the questions above, please give us some more information about how this affects you. (We need to know this information so we know what kind of help or support you might need from us)

Please provide us details of any professional who works with you. (This could be a social worker, connexions advisor, health care professional.)

|  |  |
| --- | --- |
| Name |  |
| How do they know you? |  |
| Telephone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Name |  |
| How do they know you? |  |
| Telephone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Name |  |
| How do they know you? |  |
| Telephone Number |  |
| Email address |  |

**References**

Please give the details of two people who know you and could give you a reference. (References cannot be from family or friends. Teachers, Support staff or people you have worked with are usually best)

Reference 1:

|  |  |
| --- | --- |
| Name |  |
| Where do they work? (Address) |  |
| Telephone Number |  |
| Email address |  |
| Relationship to you (e.g. Teacher/Manager) |  |

Reference 2:

|  |  |
| --- | --- |
| Name |  |
| Where do they work? (Address) |  |
| Telephone Number |  |
| Email address |  |
| Relationship to you (e.g. Teacher/Manager) |  |

If you are offered a place on Project Choice, would you be able to start in September 2019? (please circle)

Yes No

I sign to say that everything I have written is true.

Sign:

Date:

Please return this form to;

Clare Coyne or Rachel Baston for Supported internships

Project Choice Area Manager & Coordinator

Rivermead Training Unit

Northern General Hospital

Herries Road

Sheffield

S5 7AU

[Clare.Coyne@sth.nhs.uk](mailto:Clare.Coyne@sth.nhs.uk)

[Rachel.Baston@sth.nhs.uk](mailto:Rachel.Baston@sth.nhs.uk)

OR

Ann Scott for Supported Work experience

Project Choice Work Experience Lead

Rivermead Training Unit

Northern General Hospital

Herries Road

Sheffield

S5 7AU

[Ann.Scott@hee.nhs.uk](mailto:Ann.Scott@hee.nhs.uk)