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| **Newham Supported Internship Application Form 2024-2025** |

**SECTION 1**

**1. DETAILS:**

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| --- | --- |
| Supported Internship Opportunities | **I wish to apply for the following Supported Internship/s in order of preference:****1.****2.****3.****4.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please state above your preferred Project/s from the list below: **(you can include more than one if you wish)**1. **DFN Project Search** – Newham University Hospital (Barts) – Newham
2. **SEND Coffee** – Barista - various sites across Newham, Hackney and Camden
3. **John Lewis –** Westfield Stratford
4. **Greater Anglia -** Stratford
 |

**2.** **PERSONAL DETAILS: (REQUIRED)**

|  |  |
| --- | --- |
| Title |  |
| First Name(s) |  |
| Surname |  |
| Address  |  |
| Post Code |  |
| Date of Birth  |   | Age on 31st August 2022 |  |
| Tel No Home |  | Mobile No |  |
| Email Address |  |
| Do you require Travel Training? | Yes | Initially | No |

**3. EDUCATION AND HEALTH CARE PLAN (EHCP) and**

 **NATIONAL INSURANCE NUMBER** Please note YOU WILL BE REQUIRED TO PROVIDEEVIDENCE

Do you hold a current and up to date EHCP? (Required)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | No | Expired | In Process | Yes | No |
| Date Started |  |

|  |  |
| --- | --- |
| National Insurance Number (Essential) |  |

Do you have and Appointee (someone in your family who signs for your affairs) with the Department of Work and Pensions? (DWP):

|  |  |  |
| --- | --- | --- |
| Yes | No  | Unsure |

Please provide learning difficulty/disability details below: (Essential)

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|  |

Please provide any health conditions and medical needs below: (Essential)

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**4. PREVIOUS WORK EXPERIENCE**

Start with your last work experience post

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Employer** | **Position held** | **Likes** | **Dislikes** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**5. EDUCATION / QUALIFICATIONS *(you will be required to produce evidence)***

|  |  |  |  |
| --- | --- | --- | --- |
| **School / College Attended** | **Dates** | **All Education Qualifications** | **Level** |
| **From** | **To** | **Subjects / Qualifications** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**6. SUPPORTING STATEMENTS**

***Short listing and selection will be based on information you give below***

*In the space provided below, please write in detail the following:*

*1. Why would you like to be a Supported Intern and what qualities can you bring*

*2. What specific roles are you interested in for your future career and how will a Supported Internship help you?*

*Please continue a separate sheet(s) if necessary.*

**Why would you like to be a Supported Intern and what qualities can you bring?**

**What specific roles are you interested in for your future career and how will a Supported Internship help you?**

**7. REFERENCES**

**Tutor to Complete**: (Essential)

Please give details regarding the applicant’s suitability for this post. Include information about their communication, personal and social skills, punctuality, time keeping, attendance record, commitment to learn, behaviour, learning style, any criminal convictions and any other relevant information. Applicants will be required to complete a DBS (Disclosure and Barring Service) and Occupational Health.

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Please supply the names, telephone numbers and email addresses of two individuals. **If previously employed, one must be your present or most recent employer (e.g. your line manager)**. School/College leavers should give the names of teachers/lecturers/professors, as appropriate. You MUST NOT give a friend, colleague or relative as a referee.

|  |  |
| --- | --- |
| REFEREE 1 | REFEREE 2 |
| Name:  | Name: |
| Relationship to referee: | Relationship to referee: |
| Name of organisation: | Name of organisation: |
| Address: | Address: |
| Tel No: | Tel No: |
| Fax No: | Fax No: |
| Email: | Email: |

If short listed for interview do you have any specific requirements to assist your performance on the day? (PLEASE NOTE: Parents/Carers can assist you to the Interview and Assessment, however, will not be allowed in the Interview with you. 1:1 Support Staff may attend if essential).

Yes ☐ No ☐ If **YES**, please provide details below:

|  |
| --- |
|  |

**8. RECRUITMENT TRACKING**

Where did you hear of the Newham Supported Internship Programme? (Please indicate in the appropriate box with a Y or X)

|  |  |
| --- | --- |
|  | College Website |
|  | Open Day |
|  | Local Offer Page |
|  | Word of mouth |
|  | Information Leaflet |
|  | Our Newham Work |
|  | From my course tutor |
|  | Other (please specify) |

**Signature of approval of Internship by Parents/ Carers:**

**(Please note that the aim and the outcome of the Supported Internship is to progress into paid Employment and all Interns should be registered with Our Newham Work)**

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|  |

**Date:**

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**All Electronic Applications as well as any queries are to be emailed to either:**

**Selina.george@newham.ac.uk**

**OR**

**Kanvil.ali@newham.ac.uk**

**All Hard Copies to be posted to:**

**Kanvil Ali**

**Newham College**

**High St South**

**East Ham, London E6 6ER**