Interns & Outcomes

Supported internship programme

Expression of Interest

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: |  | | Last Name: |  |
| Address: |  | | | |
|  | | | |
| Tel Number: |  | | Mobile: |  |
| Email: |  | | | |
| Date of Birth: |  | | | |
|  | | | | |
| Do you have an Education Health & Care Plan (EHCP)? | | Yes / No | | |
| Name of current school/college? (if applicable) | |  | | |
|  | | | | |
| Parent/Carer First Name: |  | | Parent/Carer Last Name: |  |
| Tel Number: |  | | Mobile: |  |
| Email: |  | | | |

Please email completed forms to:

Ruth Collins

Supported Internship Programme Lead

ruth.collins@mencap.org.uk