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