**Employment First Application Form**

2022-2023 Supported Internship Programme

Any personal data we collect and use is treated in accordance with the **Data Protection Act 1998** and with **GDPR regulations 2018.** Tower Project will only process personal data for the purpose(s) pertinent to its collection and use.

|  |  |  |  |
| --- | --- | --- | --- |
| Young Person’s First Name(s) |  | | |
| Young Person’s Last Name (s) |  | | |
| Young Person’s Date of Birth |  | Age |  |
| Young Person’s Home Address |  | Post Code |  |
| Young Person’s Borough Residency |  | | |
| Young Person’s contact information | Tel:  Email: | | |
| Young Person’s next of kin contact information | Tel:  Email: | | |

Please provide us with as much detail about you so we can gain information for **your individual needs** prior to enrolment. Please contact us if you would like support with completing this form on 020 8980 3500.

|  |  |  |
| --- | --- | --- |
| **Jobseeker Information:** | | Please mark with an X |
| What type of work does the young person want to do? | Hospitality  (cinema, hotel, events, ETC) |  |
| Catering  (café, restaurant, coffee shop, ETC) |  |
| Retail  (clothes shop, electronic store, supermarket, ETC) |  |
| What benefits or allowances is the young person currently claiming? | Personal Independence Payment (PIP) |  |
| Universal Credit (UC) |  |
| Can the young person travel independently? | Yes |  |
| No |  |
| **Support Information** | | Please mark with an X |
| Does the young person receive support from adult social services? (Support worker, respite, home care, community support etc.) | Yes |  |
| No |  |
| Does the young person have an Educational, Health Care Plan and Statement? | Yes |  |
| No |  |
| Does the young person have any prior history of behaviour that challenges?  For example:   * Aggressive or sexualised behaviour * Self-Harm * Destroying of Property | Please mark with an X  Yes  No  If yes, then please provide details: | |
| **Support Information** | | Please state Y or tick ✓ |
| Which adjustments or support will the young person need to gain employment? | Travel Support |  |
| Communication support |  |
| Computer support |  |
| Benefits support |  |
| Understanding of Tasks |  |
| Job coaching support |  |
| Literacy support |  |
| Numeracy support |  |
| Please state which disabilities or health condition the young person have | Diagnosed Learning Disability |  |
| Downs Syndrome |  |
| Autism |  |
| Asperger’s Syndrome |  |
| Mental Health Condition |  |
| Physical Disability |  |
| Sensory Impairment (Visual or Hearing) |  |
| Epilepsy |  |
| Diabetes |  |
| Allergies (please state): | |
| Care support needed (toilet, travel, ETC?) | |

Please hand in, post or email your application form to the below person.

**Name:** Jamie Crouch **Position:** Curriculum Manager

**Post :** Tower Project - JET Training Team, Unit 2, Candy Wharf,

22-32 Copperfield Road, Bow, London E3 4RL

**Tel:** 020 8980 3500 **Email:** [Jamie.crouch@towerproject.org.uk](mailto:Jamie.crouch@towerproject.org.uk)