

Hampshire Achieves Application Form

To apply for a Traineeship or Supported Internship opportunity with Hampshire County Council, please fill out this form as fully as possible, when completing electronically the boxes will expand where necessary. Please note that Supported Internships are only available for young people with an EHCP plan.

Type of Programme being applied for:

Supported Internship

Traineeship Plus

About You			
Title:	Choose an item.	Other:	Click or tap here to enter text.
Name:	Click or tap here to enter text.		
Date of Birth: (dd/mm/yyyy)	Click or tap to enter a date.	Age:	Click or tap here to enter text.
Your full address:	Click or tap here to enter text.		
Post Code	Click or tap here to enter text.		
Your email address:	Click or tap here to enter text.		
Your telephone number: (the best one to contact you on)	Click or tap here to enter text.		
First Emergency Contact name	Click or tap here to enter text.		
First Emergency Contact number	Click or tap here to enter text.		
Second Emergency Contact name	Click or tap here to enter text.		
Second Emergency Contact number	Click or tap here to enter text.		
Social Worker/Personal Adviser/Support Worker: (Please also complete Appendix 1)	Name:	Click or tap here to enter text.	
	Phone Number:	Click or tap here to enter text.	
	Email Address:	Click or tap here to enter text.	
Have you been permanently resident in the EU for the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently in education, training, or work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, what are you doing?	Click or tap here to enter text.	
	How many hours a week?	Click or tap here to enter text.	
Do you have a current Education Health & Care Plan? (Please note we will need a copy of this plan with your application form.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Issue	Click or tap to enter a date.
	Please summarise any identified special education needs:		
Please summarise any identified health needs (if none, state none identified):			Click or tap here to enter text.
Please summarise any identified social care needs (if none, state none identified):			Click or tap here to enter text.
Home environment:			
Foster Care LAC: <input type="checkbox"/>	Supported Housing LAC: <input type="checkbox"/>	Young Carer:	<input type="checkbox"/>
Young Parent: <input type="checkbox"/>	Young Offender: <input type="checkbox"/>		
Additional information:	Click or tap here to enter text.		
Note: If LAC/Young Carer/Young Parent/Young Offender may be entitled to bursary – Refer to bursary applications			

Previous School / College		
Name of School	Click or tap here to enter text.	
Contact School	Click or tap here to enter text.	
School Tel No	Click or tap here to enter text.	
Permission to Contact form Signed <input type="checkbox"/>		
Previous in Class Support: Provide details	Click or tap here to enter text.	
Previous Pastoral Support: Provide details	Click or tap here to enter text.	
Exam Concessions Stated:	Word Processor: <input type="checkbox"/>	Reader: <input type="checkbox"/>
	Scribe: <input type="checkbox"/>	Separate room: <input type="checkbox"/>
	Extra Time: <input type="checkbox"/>	
	Other (specify): <input type="checkbox"/> Click or tap here to enter text.	
Previous Equipment requirements:		
Laptop: <input type="checkbox"/>	Coloured Acetates: <input type="checkbox"/>	Dictaphone: <input type="checkbox"/>
Timeout Card: <input type="checkbox"/>	Hand-Outs: <input type="checkbox"/>	Other: <input type="checkbox"/> Click or tap here to enter text.
Any medical/mobility/mental health issues:	Click or tap here to enter text.	
Medications:	Click or tap here to enter text.	
Self-Medicating: <input type="checkbox"/>	Supervision required: <input type="checkbox"/>	

Qualification, Skills and Experience				
Please list all qualifications you have gained eg GCSEs, Functional Skills, D of E, Prince's Trust and any courses you have completed (Enham, Wheatsheaf Trust, Catch 22) including the grade/level				
School/College/Other	Subject	Qualification	Grade	Year
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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What work experience have you had before?

Give a summary of the role(s)

Click or tap here to enter text.

What skills can you bring to your work placement?

(What do you think you are good at or enjoy) (max 100 words)

Click or tap here to enter text.

All learners are required to undertake work placement, this is a mandatory element of the programme.

What would be your ideal placement? What job would you like to do from the list of examples of possible work areas below?

(Please note these are just examples of possible work areas and not actual placements on offer).

Please give your preference in order (1/2/3 – 1 being the most preferred)

- 1st Preference Choose an item.
 2nd Preference Choose an item.
 3rd Preference Choose an item.

Other: Click or tap here to enter text.

Other information

Do you have any (current) unspent convictions?
 If yes, please state clearly what they are and any known outcome.

Yes No

Details: Click or tap here to enter text.

National Insurance number

Click or tap here to enter text.

How did you find out about this programme?

Click or tap here to enter text.

a) Do you receive a personal allowance or a benefit payment, if yes, please give details?

Yes No

Details: Click or tap here to enter text.

b) Do you receive any of the following benefits?

- Universal Credit Job Seekers Allowance
 Income Support Employment Support Allowance
 Disability Living Allowance/Personal Independence Payment

c) Do you have a disability or learning difficulty that may affect your learning and/or work placement (including Dyslexia) *?

Yes No

If Yes:

Do you have an EHCP? Yes No or

An SEN Statement S139a? Yes No

d) Have you previously received any learning support whilst you were in school/college?

Yes No

Are you currently receiving support from another organisation? (e.g. Wheatsheaf, Enham, Step by Step, Hampshire Careers Services)

Yes No

Do you have access to IT and the internet at home?

Yes No

Declaration

By signing this form:

- I confirm all information in this application is accurate and that no information has been knowingly withheld that could affect potential placement opportunities.
- I confirm that I have read and understand the supporting privacy notice setting out how this information will now be processed, including confirming the lawful basis, any rights I have in regards this information and who to contact if I have any concerns about the way my information is being handled.
- I consent to the processing of my information for the purposes set out in the supporting privacy notice.
- By ticking the appropriate box in the following list, I consent to my information being shared with:
 - Department for Education Ofsted
 - Education Funding Agency Skills Funding Agency

Applicants signature:

By checking this box, I am providing my electronic signature: Date: [Click or tap to enter a date.](#)

Signature of Parent/Person with Parental authority if applicant is **under 18:**

By checking this box, I am providing my electronic signature: Date: [Click or tap to enter a date.](#)

Please submit completed electronic forms to skills.participation@hants.gov.uk

*The Equality Act 2010 – the Equality Act 2010 describes a disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'



This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR).

Your information will be securely destroyed after it is no longer required for these purposes

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for other purposes by ticking any of the following boxes:

- About courses or learning opportunities.
- For surveys and research.

- By post.
- By phone.
- By e-mail.

For further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

Learner declaration: I confirm that the details I have given on this form are true and that I have seen the privacy notice above.

Applicant's signature	By checking this box, I am providing my electronic signature: <input type="checkbox"/>
Signature of parent / person with parental responsibility if applicant is under 18	By checking this box, I am providing my electronic signature: <input type="checkbox"/>
Date	Date: Click or tap to enter a date.

Appendix 1 - For completion by Support Worker / Referrer ONLY

Supporting statement and background information

Please include relevant information about the young person's situation regarding education, work, accommodation, offending and any factors that might affect their engagement in the programme (including safeguarding concerns).

Click or tap here to enter text.

I support the attached application, endorse all information supplied and can confirm that no information has been knowingly withheld that could affect potential placement opportunities.

Support Worker / Referrer signature

By checking this box, I am providing my electronic signature:

Name

Click or tap here to enter text.

Organisation

Click or tap here to enter text.

Email

Click or tap here to enter text.

Phone

Click or tap here to enter text.

Appendix 2 – Background Information

To complete in detail at assessment with a Hampshire Achieves team member

Background Information
<p>Why do you want to take part in the programme? (max 200 words)</p> <p>Click or tap here to enter text.</p>
<p>How can you show that you have the commitment to study? How do you like to learn? (max 100 words)</p> <p>Click or tap here to enter text.</p>
<p>What would you like to learn from your work experience placement? (max 100 words)</p> <p>Click or tap here to enter text.</p>
<p>How would you travel to your placement? Do you have any concerns about travelling to work (such as using public transport)? (max 100 words)</p> <p>Click or tap here to enter text.</p>
<p>What would you like to do in the future? (a job or skills that you would like to learn) (max 100 words)</p> <p>Click or tap here to enter text.</p>
<p>Do you have any previous work experience?</p> <p>Click or tap here to enter text.</p>
<p>What do you think will be expected of you in the workplace?</p> <p>Click or tap here to enter text.</p>

What is most important to you about getting a job?

Click or tap here to enter text.

Do you know what industry you want to work in?

Click or tap here to enter text.

Is there anything that makes you anxious about going into the workplace?

Click or tap here to enter text.

Can you give me an example of when you have worked in a team?

Click or tap here to enter text.