Please complete this application form for consideration to be part of the Hackney Council Supported Internship programmes. Return it to **alison.miller@hackney.gov.uk** Dalal.al-jalaby@hackney.gov.uk or post it to Alison Miller, Supported Internship Team Leader, Employment and Skills, Hackney Town Hall, Mare St, London E8 1EA by **30th April 2020.**

***Section A: The following information can be completed on behalf of the prospective intern.***

**Prospective Intern Information:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Date of Birth |  |
| Contact Number |  |
| Student Number (If applicable) |  |
| National Insurance Number |  |

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**Parent/Guardian/Carer Information:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Number  |  |
| Email Address |  |

**Education**

|  |  |
| --- | --- |
| Description of current college course |  |
| Qualifications / Accreditations previously gained or predicted this summer |  |

**Application Questions: Please circle the appropriate answer**

|  |  |  |
| --- | --- | --- |
| **Q1.** Are you able to travel independently? | Yes | No |
| If no, are you willing to undertake travel training before the course starts? | Yes | No |
| Comments: |
| **Q2.** This course is aiming to get you ready for full time paid employment. Do you want a full time job? | Yes | No |
| Comments: |
| **Q3.** This course starts in September 2020 and will finish at the end of June 2020. You will be required to be in the internship from 9am until 3.30pm from Monday to Friday. Are you willing to commit to these hours? | Yes | No |
| Comments: |
| **Q4.** What do you think will be the thing that you find hardest about work?(please tick the appropriate answers) | Time Keeping |  |
| Working with others |  |
| Verbal Communication |  |
| Working Independently |  |
| Following Instructions |  |
| Completing tasks I do not enjoy |  |
| Meeting new people / environments |  |
| Keeping a positive attitude |  |
| Other, please specify: |
| **Q5.** What do you think you will enjoy the most about working? |
|  |
| **Q6.** Do you have a bank account | Yes | No |
| If no, are you willing to open one before you start the programme? | Yes | No |
| **Q7. Do you have a passport and proof of address?** | Yes | No |

|  |
| --- |
| **Q8.** What previous work experience have you completed? |
| Company Name | Job Title | Responsibilities | Dates |
|  |  |  |  |

|  |
| --- |
| **Q9.** What are your interests and hobbies? |
|  |
|  |
|  |
|  |

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| --- |
| **Q10.** What was your favourite subject at school or college? |
|  |
|  |

***To be signed by the person who completed this section on behalf of the prospective intern (if applicable):***

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |
| **Relationship:** |  |

***Section B: The following Question should be answered and handwritten by the prospective intern***

|  |
| --- |
| **A bit about you:** |
| In five years’ time what would your dream job be and why? |
|  |
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***Section C: Can be completed on behalf of the prospective intern. Please fill in the following reference information. One reference should be from a current or most recent educator and the second should be a character reference from someone other than a parent or guardian e.g. social worker, family friend, work experience colleague.***

|  |
| --- |
| ***Reference 1:*** |
| *Name* |  |
| *Address* |  |
| *Email Address* |  |
| *Contact Number* |  |
| *Job Title* |  |
| *Relationship to prospective intern* |  |

|  |
| --- |
| ***Reference 2:*** |
| *Name* |  |
| *Address* |  |
| *Email Address* |  |
| *Contact Number* |  |
| *Job Title* |  |
| *Relationship to prospective intern* |  |

***To be signed by the prospective intern:***

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |