**Traineeship**

**APPLICATION FORM**



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| ABOUT YOU | | |
| Name |  | |
| Address |  | |
| Telephone |  | |
| Email |  | |
| What is the best way for us to contact you?  Phone [ ]  Email [ ]  Post [ ] | | |
| Date of birth |  | |
| National insurance number |  | |
| Emergency Contact | Name of a person to contact in an case of an emergency:  Contact number: | |
| EDUCATION AND QUALIFICATIONS | | |
| School/ College information | School name and address:  Years attended to and from :  *(Please add in additional schools if you went to more than one from Year 7 onwards)*  College name and address (if relevant):  Name of course:  Years attended to and from: | |
| Please list any qualifications you have and include grades |  | |
| YOUR PROFILE | | |
| Why do you think you would be suited to our traineeship programme? |  | |
| What skills and experience do you have already?  (Include hobbies and interests)  *We can use this information to help us find your work experience placement* |  | |
| What are your career goals for the future? |  | |
| Are there any particular areas connected to employment that you would like to develop? |  | |
| Optional: Additional Information: | | |
| Are you in care or a care leaver? (It is not compulsory that you declare this information, however if this applies to you we can offer a guaranteed interview) | | Y [ ]  N [ ] |
| Some work placements (for example: working with children or vulnerable groups) may require a DBS (Disclosure and Baring Service) check. Would you be happy to complete a DBS check to work in specific placements during the traineeship?  *We will be happy to discuss any concerns about this at interview stage.* | | Y [ ]  N [ ] |
| To complete a DBS check you will need a form of ID.  Do you have any of the following:  Passport [ ]   Driving License [ ]   Original Birth Certificate [ ] | | |
| Optional : Learning Needs | | |
| We welcome applications from learners with additional needs. If this is applicable to you, it would help us if you can provide some more information about your needs and what support you may require. | | |
| Do you consider yourself to have any learning needs? | Yes [ ] No [ ]  If yes, please answer the two questions below. | |
| Please tell us about your learning needs so we know how best to support you. |  | |

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| Did/do you have an Education Health and Care Plan (EHCP)? If so, are you happy to share the content with us? |  |

Please send your completed application form to the Family Support Service.

Email: youthspacebucks@buckscc.gov.uk

Post:

Family Support Service, Buckinghamshire County Council, 1st Floor County Hall, Walton Street, Aylesbury, Buckinghamshire HP20 1UZ

**CLOSING DATE: 13th March 2020**