**Supported Internships and Traineeships application**

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| **About you: Please ensure all boxes are fully completed.** | | |
| Title |  | |
| Surname or family name |  | |
| First name(s) |  | |
| Home Address |  | |
| Post code |  | |
| Date of Birth |  | |
| National Insurance number |  | |
| Disability and / or long term health condition |  | |
| Preferred method of contact in case we need to contact you (phone number, email or postal address) |  | |
| **About the College: Please ensure all boxes are fully completed.** | | |
| Programme applied for:  (please put X in box) | Supported Internship |  |
| Traineeship |  |
| Location of Programme (please put X in box) | England |  |
| Scotland |  |
| Wales |  |
| College Name |  | |
| Programme Co-ordinator’s Name |  | |
| Programme Co-ordinator’s preferred method of contact in case we need to contact them (phone number, email or postal address) |  | |

**Please note, we must speak to someone to progress this application.**

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| **If you would like us to discuss your application with someone, please indicate who and provide their details below. If you give us your consent, all future communication will go to the person named below.** | | | | | |
|  | **Tick** | **Name of organisation (college, supported employment provider, employer or other)** | **Contact name & job title** | **Address** | **Preferred communication method (i.e. phone number, email or postal address)** |
| Learning Provider |  |  |  |  |  |
| Supported Employment Provider |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Please indicate availability of the above contact to discuss this application** | | | | | |
| **Weekdays** | | | **Time** | | |
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**Please ensure consent is signed. We cannot progress the application without it.**

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| Application agreement – if you have an appointee, please ensure they sign instead. | | |
| This is my application for Access to Work support, and all the information provided is accurate and correct.  **(Please note, if you have an appointee, they must sign instead of you. If appointee signing, they must be appointee held by Department for Work and Pensions).**\*\* | Signature of Student or Appointee \*\* |  |
| Please print name of person signing |  |
| Date |  |
| Consent agreement – if you have an appointee, please ensure they sign instead. | | |
| I give consent for the person named on page 1 to act on my behalf regarding my Access to Work application.  (We will be sharing information contained in this application form and information related to your grant. This is to enable the named person to support you with your application. You can withdraw consent at any point and we will put in place alternative arrangements). | Signature of Student or Appointee **\*\*** |  |
| Please print name of person signing |  |
| Date |  |

**Once the form is fully complete and you have signed the declaration above, you should post this application form to Access to Work at the following address:**

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| Access to Work |
| Operational Support Unit |
| Harrow Jobcentre Plus |
| Mail Handling Site A |
| Wolverhampton |
| WV98 1JE |

V3 15 03 2021

Your information is being used to process your Access to Work application. If you’d like to find out more, visit <https://www.gov.uk/government/organisations/department-for-work-pensions/about/personal-information-charter>.