**Internships Work Training**

**Enrolment Form**

Thank you for your interest in the Internships Work training, delivered through BASE (trading as Inclusive Trading CIC).

**Instructions for completion:**

1. **Complete ALL mandatory sections of the enrolment form.**
2. **Get the Manager consent form completed and signed by your line manager**
3. **Send both forms to** [**training@base-uk.org**](mailto:training@base-uk.org)

**You will then be sent a list of the available trainings for you to choose from.**

Note: To complete either of the training packages, learners must attend all the sessions. Due to large volumes of people making last minute changes or not attending this FREE training, we have had to build in a last-minute cancellation fee to cover the costs associated with the training and ensure we are still able to provide the training to 760 job coaches.

|  |  |
| --- | --- |
| Where did you find out about this training? |  |

**Section 1: Personal Details (Mandatory)**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname |  |
| As part of your course, we will need to send you course materials via post. To do this we require your preferred delivery address. Please provide an address that will have the highest chance of successful delivery and your designated safe place for packages (neighbour, shed, porch etc) for us to put on your delivery details. | | | |
| Delivery address |  | | |
| Designated Safe Place for Delivery | (e.g., Neighbour, shed, porch etc.) | | |
| Postcode |  | Telephone Number |  |
| Email Address (work and private) |  | | |
| Organisation Name |  | Job Title |  |
| Emergency Contact Name |  | Emergency Contact Telephone Number |  |
| Local Authority region you work within | (Please put multiple areas if you work across local authorities) | | |

**Section 2: Course Preferences (Mandatory)**

Note: to be eligible for this training you must be a job coach working on a Supported Internship programme, a follow-along job coach working directly with interns graduated from a Supported Internship programme or a direct line manager of a job coach working on a Supported Internship programme. If you are found to not meet this eligibility criteria during your course, you/your organisation will be liable to pay the full course costs.

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm you work within Supported Internships | YES NO | | |
| What is your role within Supported Internships? |  | | |
| How long have you worked within Supported Internships? |  | | |
| Are you interested in Supported Employment Techniques (SET) Training? | YES NO | | |
| If so, are you interested online/face to face/both SET training? | Online Face to Face Both | | |
| Are you interested in Training in Systematic Instruction (TSI) training? | YES NO | | |
| If so, are you interested in online/face to face/ both TSI training? | Online Face to Face Both | | |
| If you have previously completed either course, please state the year and provider below: | | | |
| Course  Supported Employment Techniques Training (SET)  Training in Systematic Instruction (TSI) | | Provider | Year |

**Section 3: Consent (Mandatory)**

Conditions of Booking

By completing this registration form you are consenting to pay the cancellation fee, if you cancel your attendance after confirming your enrolment on a specific course, your organisation will be subject to a fee of £150 +VAT to cover the costs.

The training also requires a commitment and therefore you are signing to attend all days required for the completion of the course, if you drop out part way through, without completing all the days, we will also need to apply a fee of £150+VAT to cover the costs occurred.

We understand that sometimes things happen in life, beyond all our control where cancelling is the only option, and we will always work with compassion to understand exceptional circumstances.

**There is a separate consent form for you line manager/employer to sign their consent.**

|  |  |
| --- | --- |
| I agree that I have read and understood the course booking conditions | Agree Do not agree |

**Section 5: Additional Support (Mandatory)**

|  |  |
| --- | --- |
| Do you consider yourself to have a learning difficulty, disability and/or health problems or any other need for additional learning support, which includes English not as your first language? | YES NO |
| If Yes, please describe them and let us know if there are any reasonable adjustments we should make to help you access and take part in the course: | |

**Section 4: GDPR (Mandatory)**

BASE (trading as Inclusive Trading CIC) will keep your name and personal details securely while you undertake the course. Enrolment information is used to monitor the demographics of our learners. We require your work email address to pass to our Course Leads who will be in touch with you regarding joining the relevant course(s)

You can view our privacy policy at <https://www.base-uk.org/privacy>

**I give consent for you to contact me by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Email | YES NO | Telephone | YES NO |
| Direct mail | YES NO | Text | YES NO |

**I give consent for you to:**

|  |  |
| --- | --- |
| Share my email address with the other learners on my course | YES NO |

As part of the Internships Work contract, BASE (trading as Inclusive Trading CIC), must collate and report the impact of this training on learners practice and service delivery. To do this we would like to contact participants between 4 and 6 weeks after completion of their course to either complete an online survey or take part in a short phone interview.

I give consent to taking part in a follow up survey:

|  |  |
| --- | --- |
| By online survey | YES NO |
| By phone interview | YES NO |

**Student Declaration** By signing below I am confirming the above details are correct (electronic signature will be suffice)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Demographics information (non-mandatory)**

BASE is committed to addressing inequalities within the system, we aim to widen participation to our training courses. We are asking for some demographic information; this is to enable us to consider ways we can improve access across our diverse communities. This information is used for monitoring within BASE and no personal data will be shared with partners.

If you would please take a moment to complete this section.

|  |  |
| --- | --- |
| Protected Characteristic | Self-describe: |
| Age |  |
| Disability |  |
| Gender Reassignment |  |
| Marital Status |  |
| Pregnancy |  |
| Race |  |
| Religion or belief |  |
| Sex |  |
| Sexual Orientation |  |

**Thank you for taking the time to complete this enrolment form.**

**Once your manager has completed the management consent form (see below) you can send both forms to** [**training@base-uk.org**](mailto:training@base-uk.org)**.**

**Internships Work Training**

**Management Consent**

As part of the Department for Education (DfE) Internships Work investment programme [(announced 2nd September 2022)](https://www.base-uk.org/news/life-changing-internships-project-set-help-more-disabled-people-work) , BASE is able to provide **free** training for Job Coaches in Supported Internships in Supported Employment Techniques (SET) and/or Training in Systematic Instruction (TSI).

Due to large volumes of people making last minute changes or not attending this FREE training, we have had to build in a cancellation fee to cover the costs associated with the training and ensure we are still able to provide the training to 760 job coaches. For this reason, we also require consent from the enrolled learners line manager that they can take time from their employment to attend this training.

**By completing this registration form your organisation is consenting to:**

* **Pay £150 +VAT, if you or your enrolled employee cancels their attendance after enrolling on a specific course or fails to complete the course.**
* **Pay the full course cost if your employee is found to not meet the eligibility criteria for the free training (a job coach working on a Supported Internship programme, a follow-along job coach working directly with interns graduated from a Supported Internship programme or a direct line manager of a job coach working on a Supported Internship programme)**

We understand that sometimes things happen in life, beyond all our control where cancelling is the only option, and we will always work with compassion to understand exceptional circumstances.

**Section1: Employer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation Name |  | | |
| Organisation Address |  | | |
| Postcode |  | Telephone Number |  |

**Section 2: Line Manager Details**

|  |  |
| --- | --- |
| Line Manager Name |  |
| Line Manager Job Title |  |
| Line Manager Email |  |
| Line Manager Telephone Number |  |

**Section 2: Consent**

Please complete the following section:

|  |  |
| --- | --- |
| I understand that the employee enrolled will need to be relieved from duties to attend this course | YES NO |
| I understand that the enrolled employee will need to attend all sessions of the training | YES NO |
| I agree to pay the cancellation fee if the enrolled employee cancels attendance on either course within 7 days of the start | YES NO |
| I agree to pay the cancellation fee if the enrolled employee does not complete the course | YES NO |

As part of the Internships Work contract, BASE (trading as Inclusive Trading CIC), must collate and report the impact of this training on learners practice and service delivery. To do this we would like to contact line managers between 4 and 6 weeks after completion of their employees’ course to either complete an online survey or take part in a short phone interview.

I give consent to taking part in a follow up survey to understand impact of this training on service delivery:

|  |  |
| --- | --- |
| By online survey | YES NO |
| By phone interview | YES NO |

**Employer Declaration** By signing below I am confirming the above details are correct (electronic signature will be suffice)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_