Buddys Training Programme Application Form

Personal Information							
First name					**M**		**F**
Last name							
Address: **Postcode:**							
Phone Number 1:							
Phone Number 2:							
Email Address:							
Date of Birth:							
Contact preference	**Email**		**Phone**		**Text**		

Education, Training & Qualifications *(most recent first)*		
Qualification or training title	**Education centre or training body**	**Date completed**

Please add more boxes or continue on another sheet if needed.

Previous Employment *(if applicable)*			
Job title	**Key responsibilities**	**Name & address of employer**	**Dates of employment and reason for leaving**

Please add more boxes or continue on another sheet if needed.

Reason/s to undertake training programme *(tick all that apply)*
☐ Progress to paid employment ☐ Progress into a voluntary role ☐ Progress into further education ☐ Gain/ improve independent life skills ☐ Other *(please state reason):* _____

Your availability *(tick all that apply)* *(Please note: if you are offered a place on our training programme, we will do our best to consider your availability but cannot guarantee the placement will be during these times)*

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Anytime**
	☐	☐	☐	☐	☐	☐

Reference *Please provide the details of someone who can provide a reference for you (this cannot be a relative)*	
Name	
Phone number	
Email address	
Relationship *(e.g. teacher, support worker, previous employer etc.)*	

Disability and Health Information *(tick all that apply)*							
Please tell us about your disability and any other relevant health information.							
Learning Disability		**Autism**		**Neurodiverse Condition**		**Acquired Brain Injury**	
Epilepsy		**Mobility Issues**		**Physical-sensory Impairments**		**Mental Health Condition**	
Allergies		**Other** *(please state):*					
Please describe how your disability or health affects you:							

Please continue on another sheet if needed.

Emergency Contact Details	
Full Name:	
Phone Number:	
Relationship *(e.g. parent, carer etc.)*	

How did you hear about us

- ☐ Worthing Mencap Directly (e.g. staff member, volunteer, member etc)
- ☐ WorkAid/ Aldingbourne Trust
- ☐ Job Centre
- ☐ College/ School – please state: _____
- ☐ Word of Mouth
- ☐ Other *(please state):* _____

Photo Consent

Sometimes we like to take photographs and videos of students, members, volunteers, supporters when participating with our activities, services and events. We would like to use these photos and videos in the following ways:

- To display in Buddys
- To use on our website and social media pages
- To use on our leaflets and posters
- To use on other marketing materials.

☐ Please tick this box to confirm that you are happy for your photograph or videos to be taken and your image to be used for the purposes above.

Newsletter				
Would you like to receive our newsletter?	Yes		No	

Declaration

Using your data:
Your personal information will be stored and used by Worthing Mencap in line with GDPR regulations.
We will use your personal details for the purposes of supporting you in the best way whilst accessing Worthing Mencap provision and activities.
Worthing Mencap will not sell your personal information to other organisations.
We will not pass your information on to any other third parties without your consent.

Safeguarding duty:
To keep the vulnerable people we support safe and free from the risk from abuse, we may need to pass details to the relevant safeguarding teams and the police if we have a concern about someone's safety and/or wellbeing.

I confirm that the information I have given is correct. If my information changes, I will inform a member of the Worthing Mencap staff team.

Please confirm you have read and agree to the above by signing in the box below.			
Signed:		Date:	

Please return completed forms to rowena.mason@worthingmencap.org

disability confident EMPLOYER