shaw trust

Supported Internship Application Form

Our Supported Internship is an employment focused programme supporting young adults aged 16-24 with an Educational Health and Care Plan to prepare for, and progress into sustainable employment. Our programme consists of three separate work placements or activities alongside an accredited learning programme to help you gain the skills experience and knowledge to take that next step.

Complete this form to express interest and apply for a Supported Internship at any of our locations stated below. Email your completed application to supportedinternships@shaw-trust.org.uk

Young Person's Details

First Name	
Last name	
Telephone number	
Email	
Address	
Address line 2	
National Insurance Number	
Date of Birth	

Emergency Contact

Name	
Relationship	
Telephone number	
Email	

Supported Internship

Which Supported Internship location are you interested in? Please tick all that apply

Bexley		Harrow		Hillingdon (Uxbridge)	
Reading		Romford		TfL	
Wakefield		Wandsworth		York	

Options available for Transport for London application. Please tick all that are of interest

Technology & Data		Customer Services Assistant		Engineering Design	
Construction Safety		Administration		Finance & HR	

Important information about TfL applications

- TfL applications are open to all neurodivergent people aged 16 and over.
- Work rotations include administration roles based at Head Office, Endeavour Square, Stratford, London.
- TfL Supported Internship is an extremely popular programme with limited vacancies. Therefore, shortlisting for invitation to an assessment day will be based on the information provided in this application.

Unfortunately, we will not be able to provide feedback if unsuccessful for shortlisting.

Why are you applying for the Supported Internship?

How did you hear about us?

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Eligibility

Please tick the relevant box to answer 'Yes' or 'No'.

	Yes	No
Are you aged 16-24 years old?		
Do you have an Education Health and Care Plan (EHCP) or equivalent?		
Have you been living in the UK or European Union for the last 3 years?		
Do you have any restrictions regarding your right to work in the UK?		
Do you have the intention to progress in to paid employment at the end of the Supported Internship?		
Do you have any history of violence or uncontrollable anger?		
Have you ever been part of, or subject to, an investigation or criminal conviction in relation to safeguarding of vulnerable adults or young people?		

Prior Qualifications

What, if any, qualifications do you have in maths and English? Please tick all that apply

	Functional Skill Level 1	Functional Skill Level 2	GCSE	Other
Maths				
English				

Contacts (for SEN / EHCP case worker, or Social Worker if applicable)

Name of Adviser/Contact	
Name of Local Authority	
Telephone Number	
Email	
Date of EHCP	

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Appointee Details

If you are currently in receipt of benefits such as Personal Independence Payments or Disability Living Allowance, or if someone else receives these funds on your behalf, you have an appointee.

	Yes	No
Do you have an appointee? Please tick the relevant box to answer 'Yes' or 'No'.		

If yes, please provide contact details below

Name	
Address	
Telephone Number	
Email	

Identification

You will need to provide identification if successful with your application. We will require **ONE** form of ID to be **checked and approved** by staff completing the enrolment in order to ensure eligibility and authenticity of the document. Please tick the box next to the form of ID you want to submit and fill in the relevant details below that.

Full or Provisional Driving Licence	
Driving Licence Number	
Country of Issue	
Date of Issue	
Expiry Date	

Passport	
Passport Number	
Country of Issue	
Date of Issue	
Expiry Date	

Birth Certificate	
Birth Certificate Number	

Other Acceptable Form of ID	
ID Type	
Issue Number (if applicable)	
Date of Issue	
Expiry Date	

Applicant Signature

By signing this enrolment form you are confirming that all information contained within the document is true and accurate and are giving permission for Shaw Trust to share your information with your Local Authority and for Shaw Trust to discuss this placement via various contact methods. This is to help us to ensure we can meet your support needs and to agree the resources necessary for a successful Internship experience. I understand that this placement offer is subject to the authorisation of funding via the local authority. We will adhere to our duties under General Data Protection Regulation (GDPR) and ensure your rights are upheld.

Please answer ‘Yes’ or ‘No’ below to let us know if you require a copy of the Shaw Trust GDPR notification. Please tick the relevant box to answer 'Yes' or 'No'.

	Yes	No
I have been issued with a copy of the Shaw Trust GDPR notification		
I would like a copy of the Shaw Trust GDPR notification emailed to me		

Name	
Date	
Signature	

Parent/Guardian signature (only complete this section if learner is under the age of 18)

Name	
Date	
Signature	

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Staff Signature

I am signing to confirm all information recorded in the enrolment form is accurate and that copies of original documentation have been checked and validated.

Name	
Date	
Signature	

Additional Information

1. Equality Monitoring

Ethnicity – this information is collected for statistical monitoring, you do not need to respond if you prefer not to. Please tick the box next to your ethnicity.

31 English/Welsh/Scottish/Northern Irish/British	
32 Irish	
33 Gypsy or Irish Traveller	
34 Any Other White background	
35 White and Black Caribbean	
36 White and Black Caribbean	
37 White and Asian	
38 Any Other Mixed / multiple ethnic background	
39 Indian	
40 Pakistani	
41 Bangladeshi	
42 Chinese	
43 Any other Asian background	
44 African	
45 Caribbean	
46 Any other Black/African/ Caribbean background	
47 Arab	
98 Any other ethnic group	
99 Ethnicity not provided	

2. Support Requirements

Please note that these **do not affect your application for enrolment to the programme**. You do not need to compete this section if you do not wish to, although it does help us to ensure the learning package is tailored to provide you with the right support.

Learning Difficulties, Disabilities and Health Problems

Please tick the box next to any of the following that apply to you:

I have a visual impairment	
I have social and emotional difficulties	
I have dyslexia	
I have a temporary disability after illness or accident	
I have another medical condition (such as epilepsy, asthma or diabetes)	
I have a hearing impairment	
I have mental health difficulties	
I have dyscalculia	
I have speech, language and communication needs	
I have a learning difficulty (non-specific)	
I have a disability affecting mobility	
I have a moderate learning difficulty	
I have autism spectrum disorder	
I have another physical disability not stated here	
I have another disability not stated here	
I have profound complex disabilities	
I have a severe learning difficulty	
I have Asperger's syndrome	
I have another specific learning difficulty (such as Dyspraxia)	
I prefer not to say	
None provided	

If you have answered 'Yes' to more than one option, what would you consider to be your primary learning difficulty, disability or health problem?

Please provide details below of any other medical conditions.

Please give details of any specific needs in order to participate fully in the Supported Internship programme, such as wheelchair access, an interpreter and needing information in large print.

Allergic reactions

Do you have any allergies or allergic reactions (such as a nut allergy or a reaction to bee stings)? If you do, please answer 'Yes' and provide more details in the box below. If you do not, please answer 'No' in the box below.

Dietary requirements

Do you have any specific dietary requirements? If you do, please answer 'Yes' and provide more details in the box below. If you do not, please answer 'No' in the box below.

Medical treatment, including medication

Are you receiving any medical treatment, including medication? If you do, please answer 'Yes' and provide more details in the box below. If you do not, please answer 'No' in the box below.

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ADMIN USE ONLY

For internal office use only. Is this young person suitable for the Supported Internship? Please answer ‘Yes’ or 'No' in the box below. If answer 'No', please give reasons why in the box below.

Date contact has been made with Young Person	
Name of staff who contacted the learner	