Project Choice Application Form

(If you need help filling in this form, please ask your parent/carer, teacher or connexions advisor to help.)

**Your Personal Details:**

Name:

Date of Birth:

National Insurance Number:

Address:

Postcode:

**Your contact details:**

Home phone number:

Mobile phone number:

Email address:

What is the best way to contact you? (please underline)

Home Number Mobile Phone Email

**Your emergency contacts:**

Emergency contact 1:

Name:

Relationship to you:

Contact number:

Emergency contact 2:

Name:

Relationship to you:

Contact number:

**Education History:**

Name of last/current school attended:

What is your current English Level?

What is your current Maths Level?

Please list any other qualifications you have in the below table:

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Examining body** | **Level** | **Date received** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Feel free to attach any extra onto a spare piece of paper.

List below other courses you have attended: (e.g. First aid, Duke of Edinburgh, Food Hygeine)

|  |  |
| --- | --- |
| **Course attended** | **Date achieved** |
|  |  |
|  |  |
|  |  |
|  |  |

**Work experience history**

Please tell us about any work experience you have had (don’t worry if you have not had any)

|  |  |
| --- | --- |
| Company Name |  |
| My job title |  |
| Tasks I have done in this job |  |
| Type of job (voluntary/paid/work experience) |  |

|  |  |
| --- | --- |
| Company Name |  |
| My job title |  |
| Tasks I have done in this job |  |
| Type of job (voluntary/paid/work experience) |  |

|  |  |
| --- | --- |
| Company Name |  |
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|  |  |
| --- | --- |
| Company Name |  |
| My job title |  |
| Tasks I have done in this job |  |
| Type of job (voluntary/paid/work experience) |  |

**Hobbies and activities**

Please tell us about any relevant hobbies, activities or groups you are part of (e.g. football team, community projects, arts & crafts)

**About you**

Who do you live with?

Do you live in supported housing? (please tick)

Yes[ ]  No[ ]

Can you travel independently? (please tick)

Yes[ ]  No[ ]

Do you have an EHC plan, Learning Difficulty Assessment or Statement of Special Educational Needs? (please tick)

Yes[ ]  No[ ]

Are you diagnosed with being on the Autistic Spectrum? (please tick)

Yes[ ]  No[ ]

Are you diagnosed with having a Learning Difficulty/Disability? (please tick)

Yes[ ]  No[ ]

Do you have a physical disability? (please tick)

Yes[ ]  No[ ]

Do you have any medical conditions? (e.g. Asthma, Epilepsy) (please tick)

Yes[ ]  No[ ]

If you have answered ‘Yes’ to the questions above, please give us some more information about how this affects you. (We need to know this information so we know what kind of help or support you might need from us)

|  |
| --- |
| [ ] Do you have a social worker? (Please tick) If so please provide details below |
| Name |  |
| Telephone Number |  |
| Email address |  |

Please provide us details of any professional who works with you. (This could be a connexions advisor or health care professional.)

|  |  |
| --- | --- |
| Name |  |
| How do they know you? |  |
| Telephone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Name |  |
| How do they know you? |  |
| Telephone Number |  |
| Email address |  |

**References**

Please give the details of two people who know you and could give you a reference. (References cannot be from family or friends. Teachers, Support staff or people you have worked with are usually best)

Reference 1:

|  |  |
| --- | --- |
| Name |  |
| Where do they work? (Address) |  |
| Telephone Number |  |
| Email address |  |
| Relationship to you (e.g. Teacher/Manager) |  |

Reference 2:

|  |  |
| --- | --- |
| Name |  |
| Where do they work? (Address) |  |
| Telephone Number |  |
| Email address |  |
| Relationship to you (e.g. Teacher/Manager) |  |

If you are offered a place on Project Choice, would you be able to start in September 2022? (please underline)

Yes No

I sign to say that everything I have written is true.

Sign:

Date:

Please return this form to;

**Project Choice (Health Education England)**

Dobson House

The Grainger Suite

Dobson House

Newcastle Upon Tyne

NE3 3PF

Or email at project.choice@hee.nhs.uk