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| **Supported Internship Application Form**  Use this application form to apply for any of the internships listed below. Clearly state in section 1 which internship(s) you wish to apply for.  All potential supported interns must have an Education Health Care Plan and bank account in their own name.  Once a place has been offered, United Colleges Group will support with DBS checks prior to starting the programme.  **Internships**   * Westminster City Hall – Based at Victoria​ * Charing Cross Hospital – Based in Hammersmith​ * Wembley Park – Based in Wembley * Goldman Sachs – Based in Farringdon |
|  |
|  |

**SECTION 1**

**1. POST DETAILS:**

|  |  |
| --- | --- |
| Internship Preference | **1.**  **2.** |

**2. APPLICANT’S** **PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | | |
| Surname |  | | |
| First Name(s) |  | | |
| Address |  | | |
| Post Code |  | | |
| Resident Borough |  | | |
| Date of Birth |  | Age on 31st August 2025 |  |
| Mobile No |  | | |
| Home No |  | | |
| Email Address |  | | |

**3. EDUCATION AND HEALTH CARE PLAN (EHCP)** YOU WILL BE REQUIRED TO PROVIDE EVIDENCE

|  |  |
| --- | --- |
| Do you have an active EHCP? |  |
| Issuing Borough |  |
| SEN keyworker at local authority |  |
| Does an EHCP need to be requested? |  |
| Do you require Travel Training? |  |

**4. PREVIOUS WORK EXPERIENCE**

Start with your last work experience post

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | | **Employer** | **Position Held** | **Paid/Unpaid** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5. EDUCATION / QUALIFICATIONS *(you will be required to produce evidence)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School/College** | **Dates** | | **All Education Qualifications** | | |
| **From** | **To** | Qualification/Subjects | Awarding Body | Level |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**6. SUPPORTING STATEMENT**

***Please answer these questions carefully. We will use this to decide whether or not you have an interview.***

*You may continue on a separate sheet(s) if necessary, or submit a video or voice recording.*

|  |
| --- |
| Why would you like to do a Supported Internship? |

|  |
| --- |
| What job would you like to do in the future? |

|  |
| --- |
| Why do you want to do this job? |

**7. REFERENCES**

Please supply the names, telephone numbers and email addresses of two individuals. **If previously employed, one must be your present or most recent employer (i.e. your line manager)**.

School/College leavers should give the names of teachers/lecturers, as appropriate.

You MUST NOT give a friend, colleague or relative as a referee.

|  |  |
| --- | --- |
| REFEREE 1 | REFEREE 2 |
| Name: | Name: |
| Relationship to applicant: | Relationship to applicant: |
| Name of organisation: | Name of organisation: |
| Address: | Address: |
| Tel No: | Tel No: |
| Fax No: | Fax No: |
| Email: | Email: |

Please provide learning difficulty/disability details below:

|  |
| --- |
|  |

If short listed for interview, do you have any specific requirements to assist your performance on the day?

**Yes** ☐ No ☐ If **YES**, please provide details below:

|  |
| --- |
|  |

**Personal Information**

|  |  |
| --- | --- |
|  | Male |
|  | Female |

**8.** **RECRUITMENT TRACKING**

Where did you hear of this vacancy? (Please indicate in the appropriate box with a Y or X)

|  |  |
| --- | --- |
|  | College Website |
|  | Local Offer Page |
|  | Local Offer Page [on-line] |
|  | Word of mouth |
|  | Information Leaflet |
|  | Local paper |
|  | From my course tutor |
|  | Other (please specify below) |

**9.** Have you ever previously been enrolled on a supported internship?

|  |  |
| --- | --- |
| Yes - Please answer 9a & 9b | No - Continue to Q10 |

9a. If no, where was your previous supported internship?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9b. Do you have local authority consent to apply for another?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10.** All internship sites require you to undertake a DBS check. This checks that you have no criminal convictions, including those pending, and is standard practice in many organisations and jobs. Please confirm that you are willing to undertake a DBS check.

|  |  |
| --- | --- |
| Yes – I am willing to undertake a DBS check | No |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. PARENT/CARER’S DECLARATION:**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First Name(s) |  |
| Address |  |
| Post Code |  |
| Tel No Home |  |
| Tel No Work |  |
| Mobile No |  |
| Email Address |  |

I support this application for a place on the Supported Internship course. I understand that the expectation is that at the end of the course that interns will be supported to find paid employment, and that their Education, Health and Care Plan will cease.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All **Electronic Applications** are to be emailed to **gen.botezatu@cwc.ac.uk**

with the subject line **Supported Internship Application.**

All **Hardcopies** to be posted to:

Gen Botezatu

City of Westminster College

Maida Vale Campus

129 Elgin Avenue

London W9 2NR

Please clearly mark envelopes with: **Supported Internship Application**