

DFN Project | SEARCH



Project SEARCH's primary objective is to help secure competitive employment for people with learning disabilities and/or Autism.

Please answer the questions below.

Eligibility

What is your Age:	
What local authority do you or your family pay council tax?	

	Tick the box(es) that apply to you
Autism:	
Learning disability:	

Benefits Received	Level	Further info
DLA		
PIP		
Universal Credit		

Past Bursary Information

College	From	To

ARE YOU ABLE TO COMMIT TO MONDAY TO FRIDAY 8.30am – 4pm	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Project SEARCH Application Form

The information that you supply in the personal details section and equality form will not be available to those involved in the selection process and all information supplied will be treated in the strictest of confidence.

PERSONAL DETAILS

Last Name / Family Name		Title
First Name		
Date of Birth		
Current Address		
Post Code	Home Tel No	
National Insurance Number	Mobile Tel No	
Email address		
How would you like to be contacted?		
Mobile <input type="checkbox"/> Post (current address) <input type="checkbox"/> Home number <input type="checkbox"/> Email <input type="checkbox"/>		

SKILLS, KNOWLEDGE & EXPERIENCE

Please answer the following questions, providing details of any skills, knowledge and experience you feel are relevant to your application for a place on the Project Search Programme

Why do you wish to apply for Project SEARCH?

What are you good at? Describe your key skills/qualities

What would be your ideal job?

WORK EXPERIENCE

Where (<i>Name and Address</i>):	
From:	To:
How many days per week?	
Role:	
Tasks:	

Where (<i>Name and Address</i>):	
From:	To:
How many days per week?	
Role:	
Tasks:	

Where (<i>Name and Address</i>):	
From:	To:
How many days per week?	
Role:	
Tasks:	

EDUCATION AND TRAINING

School

Name of Secondary school:	
From:	To:
Qualifications achieved:	

College (S)

Name of College:	
Name of Course:	
From:	To:
Qualifications or certificates achieved:	

Name of College:	
Name of Course:	
From:	To:
Qualifications or certificates achieved:	

Training Organisations /Voluntary Groups E.g. Enable, etc.

Name of organisation/group:	
From:	To:
Details of activities:	

Name of organisation/group:	
From:	To:
Details of activities:	

ADDITIONAL INFORMATION

Can you travel independently? Yes No

How would you travel to the host business?

.....
.....

Are you happy to travel to different locations to complete work placements? Yes No

How does your autism/learning disability affect you in your daily life?

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What support do you think you may need on the course?

General Data Protection Regulation

The information you give on this form is covered by the General Data Protection Regulation 2018. We will keep it confidential and only use it in relation to your application for a place on the Project Search Programme. If you are successful, we will keep this information for the duration of your position on the programme. If you are unsuccessful, we will keep your information for 6 months after which we will destroy it.

Please note you information will be shared by with our partners on Project Search- Glasgow City Council and NHS Greater Glasgow & Clyde.

If you wish further information on GDPR, please see the college website.
www.glasgowclyde.ac.uk

I declare that the information set out in this Application Form for a place on the Project SEARCH Programme is true in all respects, and I understand that false information or failure to declare information may result in withdrawal of my place on the programme.

I understand that if successful, my place on the Project Search Programme will be subject to the receipt of references satisfactory to the College, plus clearance for any Disclosure Scotland / PVG check that may be required.

Applicant
SignatureDate.....

Referees

Please complete all relevant sections below for each referee. If providing personal referees they must not be related to you. (If you are leaving full-time education please provide the names of relevant teachers or lecturers.)

Referee 1
Name
Position
Address
Postcode
Telephone No.
E-mail address
Relationship to you (e.g. Line Manager, Colleague etc.)

Referee 2
Name
Position
Address
Postcode
Telephone No
E-mail address
Relationship to you (e.g. Line Manager, Colleague etc.)

Please return your completed form to:

**Admissions Dept, Glasgow Clyde College, 690 Mossspark Drive, Glasgow G52 3AY or
Email: admissions@glasgowclyde.ac.uk**