

The aim of Project SEARCH is to help secure competitive employment for people with learning disabilities and / or Autism over 16 hours / week.

By applying for Project SEARCH you understand that this is about getting a job.

We know this form asks for a lot of information – it is fine to ask for help to complete it. You could ask a parent / friend / lecturer / job coach / support worker.

ELIGIBILITY

3.30pm?

| What age are you? | | | | |
|--------------------------|--------------------|-------------------|------------|--|
| What local authority do | | | | |
| you or your family pay | | | | |
| council tax? | | | | |
| | Tick the box(e | es) below that ap | ply to you | |
| Autism | | | | |
| Learning disability | | | | |
| Other disability or | | | | |
| health condition | | | | |
| Benefits Received | Level | Further Info | ormation | |
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| | | | | |
| Do you have an appoin | tee to deal with y | our benefits? | | |
| Yes | No | | Don't know | |
| Name | | Contact | | |
| | | Number | | |
| | | I | | |
| Past Bursary Information | on | | | |
| College Name | From | То | | |
| | | | | |
| | | | | |
| 1 | | | | |

Yes

No

Are you able to commit to Monday to Friday 8.30am -

PERSONAL DETAILS

| Last Name / Far Name | nily | | | Title | |
|---|---------|---------------------|----------------|-------------|-------|
| First Name | | | | | |
| Current Addres | ss (inc | | | | |
| Email Address | | | | | |
| Mobile Tel No | | | Home Tel No | | |
| National Insura Number | nce | | Date of Birth | | |
| How would you Please tick one | like to | be contacted? | Mobile | Home Number | Email |
| Contact details | of Pai | rent / Guardian / S | upport Person | | |
| Name | | | | | |
| Address | | | | | |
| Phone Number | | | | | |
| Email Address | | | | | |
| Why are you ap | plying | for Project SEAR | CH? | | |
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| Tick the boxes that mat | · | | owing areas: | 4 | 5 |
|--------------------------------------|------------------------|--------------|----------------------------|----------------|----------------------|
| am good at | 1 Strongly agree | 2 agree | Neither agree nor disagree | 4 disagree | Strongly disagree |
| Time keeping | | | | | |
| Working with others | | | | | |
| Verbal communication | | | | | |
| Working | | | | | |
| ndependently | | | | | |
| ollowing instructions | | | | | |
| Completing tasks I do not enjoy/like | | | | | |
| Meeting new | | | | | |
| people/environments | | | | | |
| Keeping a positive | | | | | |
| attitude Using online learning | | | | | |
| Oo you know what job | you would lik | te to do? De | on't worry if you d | lon't know thi | is yet. |

EDUCATION – SCHOOLS AND COLLEGES (start with the most recent)

| Name of School / College | | | |
|--------------------------|-------|-----|--|
| Dates Attended | From | То | |
| Qualifications Achieved | | | |
| Name of School / College | | | |
| Dates Attended | From | То | |
| Qualifications Achieved | | | |
| Name of School / College | | | |
| Name of Genoof 7 Gonege | | | |
| Dates Attended | From | То | |
| Qualifications Achieved | None. | | |
| Name of School / College | | | |
| Dates Attended | From | То | |
| Qualifications Achieved | | 1 1 | |

You can add anymore at the end of the form if you need to

EMPLOYMENT / WORK EXPERIENCE / TRAINING / VOLUNTEERING (start with the most recent)

| Name of address | Organisation and (if known) | | |
|-----------------|--------------------------------|----|--|
| From | <u> </u> | То | |
| How mar | ny days per week? | | |
| Role | | | |
| | | | |
| Tasks/ r | esponsibilities | | |
| | | | |
| | Organisation and (if known) | | |
| From | <u> </u> | То | |
| How mai | ny days per week? | | |
| Role | | | |
| Tasks/re | sponsibilities | | |
| | | | |
| | Organisation and (if known) | | |
| From | | То | |
| How mai | ny days per week? | | |
| Role | | | |
| Tasks/re | sponsibilities | | |

EMPLOYMENT / WORK EXPERIENCE / TRAINING / VOLUNTEERING (continued)

| | Organisation and (if known) | | | | |
|----------|---|-----------|--------------|--------------|---|
| | | | | | |
| From | | То | | | |
| | ⊥ ny days per week? | | | | |
| Role | | | | | |
| Tasks/re | sponsibilities | | | | |
| | NAL INFORMATION S / INTERESTS – let us know what y | you do ir | າ your spare | e time | |
| | | | | | |
| TRAVEL | - | | | | |
| Can you | travel independently? | Yes | No | With support | |
| | independent traveller, are you willing pefore the start date of the course? | Yes | No | | |
| How wo | uld you travel to the host business? | | | | |
| _ | able to travel to different locations to work placements out of the Project I site? | Yes | No | With support | _ |

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

| | Give a brief explanation of the situations that affect you |
|---------------------------------------|--|
| Literacy skills – reading, writing | |
| Sensory – light /noise /smells /touch | |
| Anxiety | |
| Large crowds | |
| Speaking in groups | |
| Communication – written /verbal /eye | |
| contact | |
| Learning new tasks | |
| Meeting new people | |
| Being in a new environment | |
| Other: | Please explain: |
| | , 10000 07, p. 10 |
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| What support do you think you may | |
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| Is there anything else you want us t | o know ahout vou? |
| is there unjuming clos year main as a | o know about you. |
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GENERAL DATA PROTECTION REGULATION (GDPR)

Postcode

etc.)

Telephone No.

E-mail address

Relationship to you (e.g., Line Manager, Colleague

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 Course. If you are successful, we will keep this information for the duration of your position on the course. If you are unsuccessful, we will keep your information for 6 months after which your information will be destroyed.

Please note your information will be shared with our partners in Renfrewshire Council.

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 Course 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 course.

| | atisfactory to the College, plus clearance for any Disclosure Scotland / e required. |
|-----------------------|---|
| Applicant Signature : | |
| Date: | |
| REFEREES | |
| • | evant sections below for each referee. If providing personal referees, d to you. (If you are leaving full-time education, please provide the hers or lecturers. |
| | |
| Referee 1 | |
| Name | |
| Job title | |
| Address | |

| Referee 2 | |
|--|---|
| Name | |
| Job title | |
| Address | |
| Postcode | |
| Telephone No. | |
| E-mail address | |
| Relationship to you (e.g., Line Manager, Colleague etc.) | |
| | |
| If there is anything else you employment / work experien | want to tell us, please do so here (including any additional college / ce / support you could not fit in above) |
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