Into Employment Application Form

If you require assistance filling out this form please contact us at [pfa@bradford.gov.uk](mailto:pfa@bradford.gov.uk)

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| First Name:  Name I prefer to be called: | Surname: |
| Ethnicity | Language |
| Preferred method of communication | Date Of Birth: |

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| Do you have an EHCP (Education and Health Care Plan? | Yes No |

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| My address: | Next of kin / Emergency contact:  Name:  Relationship to you:  Phone number:  Address (if different to yours): |
| My email address: | My phone number: |

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| Do you have a disability (Yes/No) |
| If yes, please tell us about your disability and how it has affected your education: |
| Do you have any mental health issues (Yes/No)  If yes, please tell us a little bit more about this. If you would prefer to speak about this in person, please say so: |
| As part of the application process please confirm that you are happy for Into Employment and Bradford council to view your adult social care records for suitability and to ensure that support needs are considered?  Yes No  If your not sure please leave blank and we can talk to you about this. |
| Please tell us about your wants, dreams and aspirations  The meaning of aspirations is your dream job, or what you want from life. |

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| Please tell us about what kind of jobs you would really be interested in: |
| Please tell us about the things you are good at and enjoy doing: |
| Please tell us about the things you need help with: |
| Current Qualifications:  Qualification: Level: Year achieved: |
| Please tell us about any work experience you have already done: |
| Please provide us with a name and contact details of someone who could provide you with a reference to tell us more about your previous education/work experience. This might be a teacher, tutor from college or someone you have worked for:  Name:  Telephone number:  How you know them:  Please email your completed application form to:  [pfa@bradford.gov.uk](mailto:pfa@bradford.gov.uk) |