

**TRAINEESHIP APPLICANT PROFILE FORM**

**Your Details**

First Name: Surname:

Phone Number: NI Number: DOB: Age on start date:

Address:

Postcode:

Email:

**What were you doing before this programme?**

Have you completed any courses before? If yes, please detail? Yes No

 Unemployed For Months

 Working For Hrs per week on average

 Voluntary Work For Hrs per week on average

 Custody Earliest release date

 Unable to Work? Please explain why?

Do you consider yourself in having a disability? Yes No

*(A disability is something that can be physical or mental and affects your day to day life. It’s can take many forms e.g. needing to use a wheelchair, having long term illness. Severe asthma, dyslexia, epilepsy, ME, depression or anxiety.)*

If yes, please describe:

**Now and your future plans**

Where did you hear about the Traineeship programme?

Who is your MyGo / Job Centre coach, if applicable?

Are you happy to work in team situations with a variety of people? Yes No

What is the main thing you would like to take from being on our Traineeship?

Do you have any career or job interests?

After I have completed the programme I plan to?

*I understand that Footstars may allow other people and organisations to use information that it holds about me: (a) if asked to provide it for legal or regulatory purpose: (b) as part of current or future legal proceedings. I agree that the information I have provided can be used by Footstars and other organisations working with them; to help run, fund and evaluate, the programme and Footstars may share changes in contact details after I leave the programme. I understand that if I claim benefits whilst on the programme, Footstars may share information about my attendance, performance and achievements with the job centre and other organisations.*

*I understand I have the right to see any information held about me by Footstars.*

Signed: Date: