



667-669 Garratt Lane, Earlsfield, London SW17 0PB

Tel. 020 8944 0150 (Employment Officer) ♦ 020 8944 7366/96 (General) ♦ Fax: 020 8944 5391

APPLICATION TO JOIN A TRAINING PROGRAMME

SECTION ONE

NB. If returning by post, please clearly mark the envelope: PRIVATE AND CONFIDENTIAL

MR/MRS/MISS/MS FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

POSTCODE: _____

BOROUGH IN WHICH YOU LIVE: _____

HOME TELEPHONE NUMBER: _____

DATE OF BIRTH: ____ / ____ / ____ NATIONAL INSURANCE NO. _____

PERSON TO CONTACT IN AN EMERGENCY

MR/MRS/MISS/MS FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NUMBER WORK: _____ HOME: _____

RELATIONSHIP TO APPLICANT: _____

KEYWORKER

NAME: _____ POSITION: _____

ORGANISATION: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NUMBER: _____ HOME: _____

EDUCATION / TRAINING

(Please continue on a separate sheet if necessary)

From	To	School/College/University/ Government Funded Training, etc	Please give details of course/ qualifications

EMPLOYMENT

Please give full details of your employment/work experience. Record in chronological order, starting with the most recent. (Continue on a separate sheet if necessary).

From	To	Name & Address of Employer	Job Title/Brief Summary of Duties

Please tell us about your current activities/hobbies including voluntary work or other groups you attend.

What do you hope to gain by joining Seagull?

EQUAL OPPORTUNITIES MONITORING

The information in this section is required to enable Seagull Print to carry out its Equal Opportunities Policy and also to fulfil its legal obligations under the Race Relations Act 1976 and the Disability Discrimination Act 1995. Completion of this section is not mandatory but it will help us to ensure that all trainees are treated fairly and equally if you will provide the requested information. Thank you.

<input type="checkbox"/> White	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White Irish	<input type="checkbox"/> Other Asian background, please state _____
<input type="checkbox"/> Other White background, please state _____	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Mixed White & Black Caribbean	<input type="checkbox"/> Black African
<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> Other Black background, please state _____
<input type="checkbox"/> Mixed White & Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other mixed background, please state _____	<input type="checkbox"/> Other other background, please state _____
<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Registered Disabled: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Registered No. _____

REFERRALS DETAILS

SECTION TWO

NB. If returning by post, please clearly mark the envelope: PRIVATE AND CONFIDENTIAL

PERSON MAKING REFERAL

NAME: _____	POSITION: _____
ORGANISATION: _____	
ADDRESS: _____	
_____	POSTCODE: _____
TELEPHONE NUMBER: _____	

CLIENT'S CATCHMENT AREA TEAM: _____
CLIENT'S CATCHMENT AUTHORITY AREA : _____

OTHER CONTACTS

Please list other people involved in client's care, eg. Consultant, G.P, Social Worker.

NAME	JOB TITLE	TEL NO.

Please briefly outline the history and nature of client's illness

Please give details of any medication currently being taken and any conditions Seagull Print should be aware of, (eg. epilepsy, diabetes, etc)

RISK ASSESSMENT

Is there any evidence of current risk in the following areas?

Please rate as follows

0 = No apparent risk

1 = low apparent risk

2 = Significant risk

3 = Serious risk

4 = Serious and imminent risk

Risk of harm to others / damage to property

Risk of harm to self

If the rating in either area is currently 2 or more Seagull Print may be unable to accept the client.

If the rating in either area is currently 1, what evidence should we watch out for?

If this evidence presents, what action should we take?

Care Plan:

The Client has:

- A Standard Care Plan
- An Enhanced Care Plan
- No Care Plan

Highlight any problems you think the client may encounter in a work-based training environment.
Outline any situations which should be avoided.

What steps should be taken in the event of an emergency?

Please give reasons for referring client to Seagull Print Ltd.
(Specify how client will benefit from the service. Give short term and long term goals.)

General Comments:

I understand that the information contained in this application form and information concerning any training programme provided to me by Seagull Print Limited ("the Company") will be held by the Company both in paper form and stored on computer systems subject to the provisions of the Data Protection Act 1998. I also understand that the Company will, on request by me and on payment of the requisite fee, provide copies of the information held concerning me. I further understand that the Company may be obliged, by reasons of law or under the terms of the contract governing the provision of training services to me by the Company, to disclose some or all of the information held by the Company concerning me and I hereby consent to such disclosure.

SIGNATURES:

CLIENT: _____ DATE: _____

REFERRER: _____ DATE: _____

POSITION: _____ ORGANISATION _____