

Application/Referral for Work Experience Programme (Private & Confidential)

Date/s of Placement/s		Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Young Person's Name:		Date of Birth:	
Address:			
Borough:		Postcode:	
Home Tel No:		Mobile No:	
Fax No:		Email:	

School/College Name:		Contact Number:	
Address:			
Tutor Name:		Postcode:	

Transport Requirements			
AFK Transport (dependent upon availability)		Independent	
LEA Transport		Dial-A-Ride	
Family		Other	

Personal Assistant		Travel Escort	
Name		Name	
Relationship		Relationship	
Telephone No		Telephone Number	
Mobile No		Mobile Number	

Emergency Contact			
Name			
Relationship			
Mobile No		Mobile Number	

Action For Kids Use			
Start Date		Finish Date	
MSSWE		WST	
OISS		Community	
Entered on Database	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active	<input type="checkbox"/> Yes <input type="checkbox"/> No

Access Requirements (please tick if currently used)
<input type="checkbox"/> Accessible Information (Learning Difficulties or Specific Learning Difficulties)
<input type="checkbox"/> Deaf – Sign Language Interpreter User
<input type="checkbox"/> HI – Loop
<input type="checkbox"/> VI – Braille User
<input type="checkbox"/> VI – Specialist Software
<input type="checkbox"/> Assistive Communication User
Learning Support Required (Reason why)
Personal Care or Assistance Required (please tell us about any care requirements)
Challenging Behaviour (please tell us about any challenging behaviour)
Medical (please tell us about any medical support requirements)
Describe Medical Condition:
Please tell us what we need to do or know to provide any support not mentioned above:

Action For Kids

Diet Requirements (please tell us about any dietary requirement)			
Allergies:			
Other:			
Current Activity at:			
School		Community	
College		Voluntary Work	
Work Based Learning		Other	
Qualifications gained or working towards:			
School			
College			
Work Based Training			
Community			
Voluntary			
Other			
Hobbies / interests:			

Completion and signature by person making this referral

..... has been offered a placement on our Work Experience Programme, and, subject to confirmation that this placement is appropriate, will be expected to attend Action For Kids on:

In order to ensure that appropriate support is in place for trainees whilst on work placement at AFKCT it is vital that any physical, social, behavioural or emotional issues relating to their disability or special need are fully documented. This will require a signature from a relevant professional who has first-hand knowledge of this individual (i.e. social worker, Team Manager, Head teacher, Form Tutor, Educational Psychologist or other relevant professional)

Please refer to answers in this application and outline any other issues that may impact on the above student's placement at AFKCT, please then sign below. Thank you.

To help us to meet the needs of the young person, please include a copy of any relevant documentation and tick below.

Documentation	Documentation
<input type="checkbox"/> Statement	<input type="checkbox"/> Connexions S 140 Assessment
<input type="checkbox"/> Recent Annual Review	<input type="checkbox"/> Connexions Action Plan
<input type="checkbox"/> Recent Transition plan	<input type="checkbox"/> Communication Passport/Profile
<input type="checkbox"/> IEP	<input type="checkbox"/> Mobility/Transfer Assessment
<input type="checkbox"/> Educational Psychologist Report	<input type="checkbox"/> Other Professional Reports

Data Protection Act 1998 Notice

Action For Kids Charitable Trust ("AFKCT") will hold and use the personal information provided for the purposes of placement on the Work Experience Programme and its associated activities. AFKCT will not disclose these personal details to any third parties without the consent of the young person.

I confirm that I am authorised by the applicant to give consent to the processing by any means, of the personal data relating to this applicant and supplied in this application form.

Signature of Referrer:		Young Person's Signature:	
Title / Position:		Title / Position:	
Date:		Date:	

I confirm that as the applicant for placement on AFKCT Work Experience Programme I consent to the processing, by any means, of the personal data contained herein, for the purposes of the placement on the Work Experience Programme and its associated activities, as stated above.