

## RISE Into Employment Programme Application Form

<b>Name:</b>	
<b>Date of Birth:</b>	(Circle one) <b>Gender:    Male            Female</b>
(including Post Code)	
<b>Address:</b>	
<b>Telephone:</b>	<b>Email:</b>
<b>National Insurance Number:</b>	

Q1. Household composition

Name	Relationship to Applicant	Date of Birth

Q2.

(circle one) <b>Do you have the right to work in the UK:</b>	<b>Yes</b>	<b>No</b>
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Q3. Please provide the name of your landlord

Q4.

<b>1<sup>st</sup> Language:</b>	<b>2nd Language:</b>
(circle one) <b>English spoken</b>	<b>Fluent      Good      Basic      Poor      None</b>
(circle one) <b>English written</b>	<b>Fluent      Good      Basic      Poor      None</b>

Q5. Do you have access to the internet/a computer at home? (Circle one)

<b>Yes</b>	<b>No</b>
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Q6. Please list your qualifications

Qualification	Details

Q7. Please select the industries you would most like to work. (Circle up to five)

<b>Accountancy</b>	<b>Management Consultancy</b>	<b>Banking and financial services</b>	<b>Manufacturing</b>
<b>Building &amp; construction</b>	<b>Marketing, Advertising &amp; PR</b>	<b>Design, Arts &amp; Crafts</b>	<b>Pharmaceuticals</b>
<b>Education</b>	<b>Publishing, Media &amp; Performing Arts</b>	<b>Engineering</b>	<b>Environment</b>
<b>Sales &amp; retail</b>	<b>Employment/ Training</b>	<b>Scientific</b>	<b>General Insurance</b>
<b>Social Care, Counselling &amp; Guidance Services</b>	<b>Health &amp; Medicine</b>	<b>Telecommunications</b>	<b>Hospitality and Catering</b>
<b>Transport &amp; Logistics</b>	<b>Housing</b>	<b>IT</b>	<b>Welfare &amp; Community Services</b>
<b>Law Enforcement</b>	<b>Other Event Management</b>	<b>Legal</b>	<b>Other Running Own Business</b>
<b>Leisure, Sport &amp; Tourism</b>	<small>(please specify)</small> <b>Other</b>		

Q8. Are there any barriers that are preventing you from entering or returning to work that you would like advice about? (Circle all that apply)

<b>Age</b>	<b>Basic Skills Need</b>	<b>Experience</b>	<b>Childcare</b>
<b>Drug/Alcohol Dependency</b>	<b>Qualifications</b>	<b>Caring Responsibilities</b>	<b>Personal Presentation</b>
<b>General Job Search Skills</b>	<b>Health or Disability</b>	<b>Criminal Record</b>	<b>Lack of CV</b>
<b>Housing Issues</b>	<b>Debt or Financial Issues</b>	<b>Interview Performance</b>	<b>No Bank Account</b>
<b>Lack of Confidence</b>	<b>Refugee</b>	<b>Benefits Entitlement</b>	<small>(Please specify)</small> <b>Other</b>

Q9. In which of the following would you like to receive information/support? (Circle all that apply)

1. Pre Employment Training

<b>Preparation for Work</b>	<b>Confidence Building</b>	<b>Applying For Jobs</b>	<b>Interview Techniques</b>
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2. Employment Opportunities

<b>Fulltime</b>	<b>Part Time</b>
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3. Skills for life training

<b>Maths</b>	<b>English</b>
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4. Other

<b>Employment Support</b>	<b>Self Employment</b>	<b>Jobs Fairs and 'Meet the Employer' Events</b>	<b>Work Experience Opportunities</b>
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Data Protection Statement

I authorise you to hold and process information received by you for the purpose of assisting me with any employment opportunities, training and advisory services. I understand that some of the information provided will be used for monitoring purposes. I understand that my details will be held on computerised and paper-based systems and that I may access them under the terms of the Data Protection Acts of 1984 and 1998. I understand and agree that Olmec may provide such information to agencies and relevant third parties in order to assist me with any employment opportunities, training and advisory services. I agree that Olmec may contact me by telephone, email, SMS/Text message, post or any other appropriate form of communication in order to provide me with details of relevant opportunities.

**Please Sign and Date below to confirm that you have read and understood the above statement.**

<b>Full Name:</b>	<b>Signature:</b>
<b>Date:</b>	

For Office Use Only

Q1.

<b>Rent Account:</b>		
<b>(circle one)</b>		
<b>Housing Benefit</b>	<b>Full</b>	<b>Partial</b>
<b>Actions:</b>		
<b>Engagement:</b>		
<b>Sustainability:</b>		

<b>Name of Officer:</b>	<b>Signature:</b>
<b>Date:</b>	