

**EASY READ**

**APPLICATION FORM**

**Job Title:**  Expert with Lived Experience Co-Trainer

**Please Tell Us About Yourself and Your Contact Information:**

|  |  |
| --- | --- |
|   | Full Name:     |
|   | Date of Birth:     |
|   | Home Address:       |
|   | Postcode:     |
|   | Email:     |
|   | Home Number:     |
|   | Mobile Number:     |
|  **NAME?**  | Emergency Contact Name and Phone Number:     |

**Please Tick “yes” Or “no”:**

|  |  |
| --- | --- |
|  | Do you have a confirmed learning disability?   Yes No  |
|  | Are you on your GP’s Learning disability register? Yes No |
|  | If yes, please tell us how this affects you on a day to day basis:        |
| Awareness to Pride: The Evolution of Autism Symbols from 1963 to Today | Do you have a diagnosis of Autism Spectrum Disorder?   Yes No  |

|  |  |
| --- | --- |
| Awareness to Pride: The Evolution of Autism Symbols from 1963 to Today | If yes, please tell us how this affects you on a day to day basis:        |
|  | Are you allowed to work in the UK?   Yes No   |
|  | Can you drive and do you have a car?   Yes No  |
|  | Can you use public transport without help?   Yes No  |
|  | Do you have a support worker and/or job coach who could help you to deliver the training?   Yes No  |
| **NAME?**  | If yes, please give the name and phone number of your support worker or job coach:     |

Do you have a computer?

 Yes No

Have you used Microsoft Teams before?

 Yes No

Are you confident to talk to groups online?

 Yes No

Are you confident talking to groups in person?

 Yes No

Would you like to deliver the training online,

in person, or both?

Online

In Person

Both

**Please Write A Few Sentences for These Questions:**

|  |  |
| --- | --- |
|  | Why would you like to deliver the Oliver McGowan Training?          |
|  | What previous work experience do you have (if any)? This can be paid or unpaid.        |
|  | How will your skills help you in this role?           |
|  | How can we support you to do this job?             |

**Please Tick Each Day / Time You Could Work:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning**  | **Afternoon**  | **Evening**  |
| **Monday**  |  |  |  |
| **Tuesday**  |  |  |  |
| **Wednesday**  |  |  |  |
| **Thursday**  |  |  |  |
| **Friday**  |  |  |  |

**DECLARATION**

In accordance with the Data Protection Act 1998 the information provided in this application form may be sensitive personal data.

Such data will be used to assess your suitability for the post and, if employed, this information will form the basis of your employee personnel file. The information provided on this form will be entered onto a computerised database.

Additionally, it may be necessary for the information you have supplied to be shared with other organisations and recommendations for other roles.

By signing below, you give your consent to Living Options Devon to record your sensitive personal data and to disclose the data given on this form to third parties to assess your application, any subsequent employment and for any matter relating to that employment.

**By Signing This Form:**

You are agreeing to a criminal record and DBS check.

You are agreeing that all of the information you have provided is correct.



 **Signed:**



**Date:**

**Please Email This Form to Charlie.miller@livingoptions.org, or return by post to:**

Living Options Devon

Ground Floor Units 3-4

Cranmere Court

Lustleigh Close

Matford Business Park

Exeter

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