



APPLICATION FORM

2026/27











APPLICATION FORM

Please complete this application form for consideration to be part of the Project SEARCH programme next academic year (2026/27) and return it to oscar.suarez@qcollege.org.uk

Section A: The following information can be completed on behalf of the applicant

Applicant Information

Full Name:	
Address:	
Local Authority:	
Date of Birth:	
Contact Number:	
ULN (Unique Learner Number):	
National Insurance Number	
Family/Carer Information	
Parent/Guardian/Carer Name:	
Address:	
Contact Phone number:	
Email address:	
Local Authority Information	
EHCP Coordinator Name:	
Contact Phone number:	
Email address:	











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Yes / No	
Comments:	
Question 2: Which site would you be more convenient to travel to?	
Chelsea & Westminster Hospital	
West Middlesex University HospitalHarbour Yard Business Centre	
Stamford Bridge Hotel @ Chelsea FC	
Westfield Shopping Centre - White City	
Comments:	
Question 3: Which site would you prefer to complete your rotations?	
Chelsea & Westminster Hospital	
West Middlesex University Hospital	
 Harbour Yard Business Centre Stamford Bridge Hotel @ Chelsea FC 	
Westfield Shopping Centre - White City	
C	
Comments:	
Question 4: This programme aims to get you ready for full time paid	emolovment
lowever, do you want a full-time job or a part-time job?	от р то /
Full-Time / Part-Time	
Full-Time / Part-Time Comments:	











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Question 5: This programme starts in September 2026 and will finish in the middle of July 2027. You will be required to be in the programme from 9am until 3pm from Monday to Friday. Are you willing to commit to these hours?

	Yes / No
Comments:	

Question 6: What do you think will be the thing that you find hardest about work? (Tick as many appropriate answers as you think)

- Time Keeping
- Working with others
- Verbal/Professional communication
- Working independently
- Following instructions
- Completing tasks that you do not enjoy
- Meeting new people or work in different environments
- Keeping a positive attitude

Other comments or areas where you might need support:

Question 7: What do you think you will enjoy the most about working?

Comments:				











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Question 8: What previous work experience have you completed?

Company Name	Job Title	Responsibilities	Dates

Question 9: What are your interest and hobbies?

Comments:		











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To be signed by the ρ	erson who completed this section A on behalf of the
ρ	rospective intern (if applicable):

- Name:
- Signed:
- Date:
- Relationship:

Section B:

The following question should be answered and handwritten by the applicant (potential intern)

Question 1: In five year' time, what would your dream job be and why?

Comments:		











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Section C:

This can be completed on behalf of the applicant. Please fill in the following reference information. One reference should be from a current or most recent educator. The second should be a character reference from someone other than a parent or guardian, e.g. social worker, family friend, work experience colleague.

	Reference 1
Name	
Address	
Email Address	
Contact Number	
Job Title	
Relationship with the applicant	
	Reference 2
	Neterence 2
Name	
Address	
Email Address	
Contact Number	
Job Title	
Relationship with the applicant	
To be signed by the prospec	tive intern:
Name:	
Signed:	
Date:	









