



# Supported Internship Programme Expression of interest form

Name of young person:	DOB:
Address:	
Contact details for the young person/ student:	
Referral Made By: Parent/Carer <input type="checkbox"/> Self-Referral <input type="checkbox"/> School/College <input type="checkbox"/> Careers Service <input type="checkbox"/> Other Professional Service (Please specify):	
Referrer Name:	Date of Referral:
Referrer Contact Details: Email: Telephone number:	
Is the young person in full time education or training:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the young person have an EHCP/Statement of Special Educational Needs?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please specify details of current School/College/Provider:	
Is the young person wanting to seek employment?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please specify area of work interested in?

Hospitality

Sport and Leisure

Retail,

Care Home

Schools

Warehouse

Nursery

Other

Highest level qualification in English and Maths:

Summary of additional needs (learning/behaviour difficulties, disabilities or medical conditions?)

If offered an Internship the following will need to be supplied:

- Copy of most recent Statement/EHCP if available
- Copy of most recent Maths and English qualifications
- Relevant medical information

**For more information, please contact:**

Kika Charalambous  
Independence, Business & Partnerships Manager

T: **020 8887 1160**

E: [sip@westleaschool.co.uk](mailto:sip@westleaschool.co.uk)

[www.westleaschool.co.uk](http://www.westleaschool.co.uk)

Please post or email your completed form to:  
West Lea School, 219 – 221 High Street, Enfield, EN3 4DZ

