TEAM DOMENICA

NEW ENQUIRY FORM

Thank you for contacting Team Domenica. As a social enterprise charity, our mission is to help people with learning disabilities discover their career potential, to create employment opportunities and to remove barriers to work in local communities.

To apply for a place at Team Domenica, please complete the details below to the best of your ability and return to admin@teamdomenica.com or by post to Team Domenica, 2-3 Pavilion Buildings, Brighton. BN1 1EE.

If you have any questions, or need further information, please call us on 01273 681111.

Candidate details			
First name		Surname	
Address			
Email			
Telephone number		Mobile number	
Date of birth			
Gender Identification			
Sexual orientation			
Ethnicity			
Religion			
National Insurance number			
ULN (Unique learner number) this can be found on any certificates you have.			
Do you have a current EHCP?	☐ Yes	☐ No	☐ Had one previously
Do you consider yourself to have a learning disability?	☐ Yes	☐ No	☐ Don't know

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Describe your learning disability		
Are you registered with a social services team?	☐ Yes	☐ No
If yes, what is the team's name?		
Do you have a named care manager or key worker?	☐ Yes	☐ No
If yes, please provide their name		

About the candidate			
Where are you living?	☐ Living at home	☐ Supported living	☐ Living independently
Are you an independent traveller?	☐ Yes	☐ No	
Why would you like to join Team Domenica?			
Please tell us your hopes and dreams for the future			
Are you currently working?	☐ Yes	☐ No	
If so, where?			
How many hours?			
Paid or voluntary?	☐ Paid	☐ Voluntary	
Are you receiving any benefits?	☐ Yes	☐ No	

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If so, which benefits are you receiving?	

Education

What is your highest level of qualification?	☐ Entry 2	☐ Entry 3	
	☐ Level 1	☐ Level 2	☐ Level 3
	☐ A Level	☐ Degree	
Are you currently in education?	☐ Yes	☐ No When did you leave? _____ Who was your last education provider?	
How many hours per week?			
What English and Maths qualifications do you have?			

Medical information

Do you have any medical conditions?	☐ Yes	☐ No
If so, please state		
Are you currently taking any medication?	☐ Yes	☐ No
If so, please state		

How does your medical condition or medication affect your ability to work?		
Do you have any special dietary requirements or allergies?	☐ Yes	☐ No
If so, please state		

Parent / carer details			
Primary contact			
First name		Surname	
Relationship to candidate			
Telephone number			
Email address			
Secondary contact			
First name		Surname	
Relationship to candidate			
Telephone number			
Email address			

Contact details for School/College tutor (if in education)	
Name	
Phone number	
Email address	
Referrer details (if not in education)	

First name		Surname	
Relationship to candidate			

Job title	
Organisation	
County	
Email	
Telephone number	

Thank you for completing our new enquiry form. One of our team will be in touch to invite you to visit our Centre for an informal interview.

If you are invited for an interview, we need to see proof of residency for the past three years.

Documents you can provide:

- Passport – If you do not have a passport then please contact us and we will advise you about alternative documentation.

Team Domenica comments:

Interview notes:

Interview outcome:

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Information advice and guidance statement:

The interviewer can confirm that advice and guidance has been given to the prospective candidate on how the Team Domenica programmes fit in with the prospective candidate's life plans and other choices they may have now and in the future.

Signed……

Name……..