

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, 5-7 Preston Road, Brighton BN1 4QE.

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			
National Insurance number			
ULN (Unique learner number) this can be found on any certificates you have.			
Do you have a current EHCP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Had one previously

Description of your learning disability		
<input type="checkbox"/> Profound Multiple Learning Disability	<input type="checkbox"/> Severe Learning Disability	<input type="checkbox"/> Moderate Learning Disability
<input type="checkbox"/> Mild Learning Disability	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Autistic Spectrum Condition
<input type="checkbox"/> Attachment Disorder	Candidate's AIS number if known _____	
Are you registered with a social services team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, what is the team's name?		
Do you have a named care manager or key worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their name		
Please tell us about your learning disability and how it affects your everyday life		

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

Education			
What is your highest level of qualification?	<input type="checkbox"/> Entry 2		<input type="checkbox"/> Entry 3
	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3
	<input type="checkbox"/> A Level		<input type="checkbox"/> Degree
Are you currently in education?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If so, where?			
How many hours per week?			
What date did you leave education?			

Medical information	
Do you have any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please state	
Are you currently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please state	

Referrer details			
First name		Surname	
Relationship to candidate			
Job title			
Organisation			
County			
Email			
Telephone number			

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			

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.