



# Partner Application Form

All information provided on this application will be treated in strictest confidence

Position applied for: **Osborne Partnership Partner/Trainee**

## 1. Personal Details

Title (Miss, Mrs, Ms, Mr, etc) .....

Surname/Family Name .....

First Name(s) .....

Date of Birth: .....

Address

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.....  
.....

Postcode: .....

Email address .....

Home telephone number .....

Mobile telephone number .....

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## 2. Next of Kin (Contact Name(s) in Case of Emergency)

Name .....

Address

.....  
..... Post Code .....

Home Telephone No: .....

Mobile No: ..... E Mail: .....

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**3. Do you consider yourself to have a physical, learning, sensory or mental health impairment or disability?**

Yes

No

If Yes please provide details below:

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**4. Medical History**

Please provide of any medical conditions not covered above:

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Please provide details of all medication taken:

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Doctor's Name and Address:

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## 5. Additional Information (e.g. Dietary/Allergies etc)

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## 6. Type of Referral (Who has asked you to attend the Osborne Partnership?)

a) Self-Referral

b) Community Learning Disabilities Team

If yes please provide name and contact details of Social Worker/Key Worker:

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c) Job Centre:

If yes please provide name and contact details of Employment Advisor:

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## 7. Rehabilitation of Offenders

As the work of the Osborne Partnership involves day to day contact with vulnerable adults, training positions are exempt from some of the requirements of the above Act and all applicants are therefore required to declare, along with the application form, any convictions or pending prosecutions which they may have, even if they would otherwise be regarded as “spent” under the Act. If this applies to you, please supply the required details on a separate sheet of paper. The amendments to the Exceptions Order 1975 (2013) provide that certain convictions and cautions are ‘protected’ and are not subject to disclosure to employers and cannot be taken into account.

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## 8. Information Relating to Income/Benefits (only relevant for certain types of training)

If you are enrolling onto an accredited training course with the Osborne Partnership which is part funded through government training funds, you may be required to provide evidence of any government benefits which you are in receipt of. Any evidence provided must be dated within 6 months of the start of the training program.

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## 9. Travel Information

Can you travel independently?    Yes/No

### How will you travel to and from the Osborne Partnership?

- |  |                          |
|--|--------------------------|
| Public Transport   | <input type="checkbox"/> |
| Transport organised by the borough                             | <input type="checkbox"/> |
| Dial a Ride<br>(If yes please provide your Dial a Ride Number) | <input type="checkbox"/> |
| DABD   | <input type="checkbox"/> |
| Walk   | <input type="checkbox"/> |
| Taxi   | <input type="checkbox"/> |
| Parents or Carer will bring/collect you                        | <input type="checkbox"/> |
| Other<br>(Please provide details)                              | <input type="checkbox"/> |

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**10. Additional Relevant Information (Please tell us in the space below as much relevant information about yourself as possible to help us assess whether the services provided by the Osborne Partnership are likely to be suitable for you).**

## 11. Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application. The personal information that you give us will be used in a confidential manner. By signing the application form we will be assuming that you agree to the processing of sensitive personal data, in accordance with the General Data Protection Regulation (GDPR).

I confirm that, to the best of my knowledge, all of the information provided on this form is accurate.

Signed:

Date:

Print Name:

It is important that the information provided on this form is current. Any changes of details must be notified to us as soon as possible.

If you need assistance with completing any part of this form please call the Osborne Partnership on 020 8592 5742

## 12. Monitoring (the information provided below will be used for monitoring purposes only)

**Ethnic Origin** - I would describe my ethnic origin as:-

- |                        |  |  |   |   |
|------------------------|--|--|---|---|
| White                  | <input type="checkbox"/> English, Northern Irish, British, Welsh, Scottish | <input type="checkbox"/> Irish                 | <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Any other white *        |
| Black or Black British | <input type="checkbox"/> Black Caribbean                                   | <input type="checkbox"/> Black African         | <input type="checkbox"/> Other Black background * |   |
| Mixed                  | <input type="checkbox"/> White & Black Caribbean                           | <input type="checkbox"/> White & Black African | <input type="checkbox"/> White & Asian            | <input type="checkbox"/> Other mixed background * |
| Asian or Asian British | <input type="checkbox"/> Indian  | <input type="checkbox"/> Pakistani             | <input type="checkbox"/> Bangladeshi              | <input type="checkbox"/> Other Asian background * |
| Other ethnic group     | <input type="checkbox"/> Chinese   | <input type="checkbox"/> Arab                  | <input type="checkbox"/> Any Other *              |   |

\* Please specify

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### Other

**If you wish**, you may disclose other information about yourself in this section about your

#### Religion

- No Religion    Christian (all Christian Denominations)
- Buddhist    Hindu    Jewish    Muslim    Sikh    Other Religion

#### Sexual Orientation

- Heterosexual    Homosexual    Bi-sexual



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