The aim of Project SEARCH is to help secure competitive employment for people with learning disabilities and / or Autism over 16 hours / week.

By applying for Project SEARCH, you understand that this is about getting a job.

We know this form asks for a lot of information – it is fine to ask for help to complete it. You could ask a parent / friend / lecturer / job coach / support worker.

**DFN Project SEARCH - Application Form**

To apply for DFN Project SEARCH please fill out this application form.

Send this application form to Working4U at projectsearch@west-dunbarton.gov.uk

 Or send by post to

**Project Search, Working4U, WDC Council Offices, 16 Church Street, Dumbarton, G82 1QL**

Make sure we have your application by Wednesday 6th August 2025.

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

**Applicant Information:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Date of Birth** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **National Insurance Number** |  |

![Project-Search-Logo_small[1]]()

**Applicant**

|  |
| --- |
| **Please tick the box(es) below that apply to you** |
| **Autism □** | **Learning Disability □** |
| Do you have any medical information you would like to share with us? *i.e. hearing impairment, epilepsy, diabetes etc.* This information will help us identify what additional support needs you might have if your application is successful. |
|  |

**Parent/Guardian/Carer Information:**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to applicant** |  |
| **Address** |  |
| **Contact Number**  |  |
| **Email Address** |  |

**Application Questions: Please circle the appropriate answer**

|  |  |  |
| --- | --- | --- |
| **Q1.** Are you able to travel independently? | Yes | No |
| If no, are you willing to undertake travel training before the course starts? | Yes | No |
| Comments: |
| **Q2.** This course is aiming to get you ready for full time paid employment. Do you want a full time job? | Yes | No |
| Comments: |
| **Q3.** This course starts in 15/09/2025 and will finish 26/06/2026. You will be required to be in the host business from approx. 9.30am until 3.30pm from Monday to Friday. Are you willing to commit to these hours? | Yes | No |
| Comments: |
| **Q4.** Tick the box that matches your skill in the following areas: |
| **I am good at …** | 1Strongly disagree | 2Disagree | 3Neither agree or disagree | 4Agree | 5Strongly Agree |
| Time keeping |  |  |  |  |  |
| Working with others |  |  |  |  |  |
| Verbal Communication |  |  |  |  |  |
| Working Independently |  |  |  |  |  |
| Following Instructions |  |  |  |  |  |
| Completing tasks I do not enjoy |  |  |  |  |  |
| Meeting new people / environments |  |  |  |  |  |
| Keeping a positive attitude |  |  |  |  |  |
| Using online learning |  |  |  |  |  |
| **Q5.** Why do you want full time paid employment? |
|  |

|  |
| --- |
| **Q6.** What previous work experience have you completed? |
| Company Name | Job Title | Responsibilities | Dates |
|  |  |  |  |

|  |
| --- |
| **Q7.** What are your interests and hobbies? |
|  |

**Section B:**

|  |
| --- |
| 1. **A bit about you:**
 |
| What job(s) to do you want and why? Don’t worry if you don’t know this yet. |
|  |

|  |
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| **2.** What support do you think you may need on Project Search? |
|  |

**Section C:**

**Benefits**

|  |
| --- |
| **Q1.** What benefits do you receive? |
| Benefits Received | Level | Furthe Information if you need to add more |
|  |  |  |

|  |
| --- |
| **Q2.** Do you have an appointee to deal with your benefits? Please tick box that applies |
| YES □ | NO □ |  |
| If YES, Please provide person name, email and/or contact number below |
| Name:  |
| Email: |
| Contact number: |

**Section E: Can be completed on behalf of the applicant. Please fill in the following reference information. One reference should be from a current/most recent educator/employability key worker and the second should be a character reference from someone other than a parent or guardian e.g. social worker, family friend, work experience colleague etc.**

|  |
| --- |
| **Reference 1:** |
| Name |  |
| Address |  |
| Email Address |  |
| Contact Number |  |
| Job Title |  |
| Relationship to applicant |  |

|  |
| --- |
| **Reference 2:** |
| Name |  |
| Address |  |
| Email Address |  |
| Contact Number |  |
| Job Title |  |
| Relationship to applicant |  |

**To be signed by the applicant:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |