**Intern Application Form**

Please complete this form CLEARLY in black ink or type.

Email your completed application form to [office@offthefence.org.uk](mailto:office@offthefence.org.uk) or post to:

Off The Fence Trust

37, Portland Road

Hove

BN3 5DQ

First name: Family name: Title:

Date of birth: \_\_ / \_\_ / \_\_

Home address:

Postcode:

NI Number:

Are there any restrictions on you taking up employment in the UK? Yes/No

Contact details:

Mobile: Email:

Do you have a full driving licence? Yes / No

Do you have a car you can use during the internship? Yes / No

Would you need accommodation? Yes/No/ Tell me more

Do you have a criminal record? Yes / No

If yes please outline details any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974 on an attached sheet. Please note, this information will not disqualify you, but we are legally required to process disclosures with the Criminal Records Bureau for all volunteers working with us.

Learning Support

Please indicate if you have any learning difficulties/disabilities

Yes No

Do you require us to give you additional help?

Yes No

Please state the nature of the disability and support required

Please list your education, relevant qualifications and training plus any previous employment or mission work (please do use a separate sheet if necessary):

Please write a personal summary including your personal/practical skills, faith, character, interests, strengths and weaknesses.

Why do you want to do an internship with Off The Fence?

Please rank your preferences (1 is high) for the following placement options as an intern with OTF (please leave blank if not at all interested and refer to the website for background information)

* Antifreeze Project (working with the homeless)
* Gateway Project (working with women)
* Schools and Youth Project
* Income Generation

How did you hear about this volunteer internship?

REFERENCES

Please note here the occupation, names, addresses and telephone numbers of two persons who know you well and would be willing to provide references for you (one reference must be from your pastor/minister). Please provide details of the capacity in which they know you.

1.

2.

Declaration: I have read the ‘Off The Fence: Interns’ document and wish to undertake an internship at Off The Fence. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

Signed: Date:

(If you are under 18 at time of application, a parent/guardian must sign in support)

Parent/Guardian signature: Date:

Parent/Guardian name: