**Scransitions Application Form**

Are you aged between 16+ years old and want help taking control of your own future?

If the answer is yes, it sounds like Scransitions is for you! Please send this form attached in an email to chris@scranacademy.com

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| **Young Person Details** |
| Name: |  |
| Date of Birth: |  | Age: |  | Gender/ Pronouns: |  |
| Email Address: |  |
| Address: |  |
| Postcode: |  | Mobile Tel.: |  |

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| **Person you want contacted in an emergency** |
| Name: |  | Home Tel: |  |
| Mobile Tel: |  | Work Tel: |  |
| Relationship to you: |  |

|  |  |
| --- | --- |
| Agency/Partner Org(if applicable): |  |
| Name: | Gemma Dishon | Email: |  |
| Work Tel: |  | Mobile Tel: |  |

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| **Support for Engagement Details** |
| Do you have Additional Support Needs? E.g. Physical health, Emotional support, Financial support (Y/N)? |  |
| Please provide details: |

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| **Supporting Information** |
| Why do you want to apply for this programme? |
| How did you hear about this programme? |
| Where would you like to be in 6 months’ time? |
| Is there anything else you’d like to tell us? |

Please tick the boxes that apply to your current life situation:

|  |  |  |  |
| --- | --- | --- | --- |
| Full time employment |  | Part time employment |  |
| Unemployed for more than 6 months |  | Unemployed for less than 6 months |  |
| Attend school/college |  | Left school/college within the last 3 months |  |
| In other training |  | Physical barrier/disability |  |
| Care experienced |  | Young carer |  |
| Experienced homelessness/no fixed home |  | Experiencing homelessness/ no fixed home |  |
| Mental health barriers |  | Diagnosed learning support needs (ADHD, ADD, Autism) |  |
| Accessing benefits |  | Financial problems/challenges |  |