



# Application Form

The CRUMBS Project      Registered Charity Number 1151926  
Hibberd Court, 20a Hibberd Way, Bournemouth, BH10 4EP

Phone: 01202 519320

Email: [leew@crumbs.org.uk](mailto:leew@crumbs.org.uk)

[www.crumbs.org.uk](http://www.crumbs.org.uk)

Please note: if the applicant has a severe food allergy or is an epilepsy sufferer the working environment at CRUMBS may not be suitable. If unsure, please contact the Centre to discuss.

|                             |                                   |                     |
|-----------------------------|-----------------------------------|---------------------|
| <b>Applicant Full Name:</b> |                                   |                     |
| <b>Date of Birth:</b>       | <b>National Insurance Number:</b> | <b>Nationality:</b> |

|                           |                  |
|---------------------------|------------------|
| <b>Applicant Address:</b> |                  |
|                           |                  |
|                           | <b>Postcode:</b> |
| <b>Telephone Number:</b>  |                  |
| <b>Mobile Number:</b>     |                  |
| <b>Email:</b>             |                  |

|                                                                                |                                          |
|--------------------------------------------------------------------------------|------------------------------------------|
| <b>Proof of Identity:</b>                                                      |                                          |
| <b>Birth Certificate or Passport Number:</b>                                   |                                          |
| <b>Proof of Address provided*:</b><br>(Please see type of evidence list below) | Yes / No<br><b>Evidence type number:</b> |

|                                      |                  |     |
|--------------------------------------|------------------|-----|
| <b>Referrer Name:</b>                |                  |     |
| <b>Relationship to applicant:</b>    |                  |     |
| <b>Organisation (if applicable):</b> |                  |     |
| <b>Address:</b>                      |                  |     |
|                                      |                  |     |
|                                      | <b>Postcode:</b> |     |
| <b>Telephone Number:</b>             |                  |     |
| <b>Mobile Number:</b>                |                  |     |
| <b>Email:</b>                        |                  |     |
| <b>Emergency Contact:</b>            | Yes              | No* |



**What interests do you (the applicant) have?**

**Do you (the applicant) need support with literacy, numeracy, and/or digital skills?**

**Do you have any catering experience/qualifications? E.g., Basic Food Hygiene**

**What is your highest level of education?**

No formal education

Primary

Secondary

6th form or collage

University

Other please describe:

**Current Employment**

**What is your employment status? Please tick:**

Paid Employment/Work

Voluntary Employment/Work

Unemployed/Economically Inactive

Further Education

**If you have worked previously, how long ago was this?**

**Please describe any previous work experience:**

**Future Employment**

**What would you like to do after you finish your training at CRUMBS?**

Paid Employment – Full time

Paid Employment – Part time

Voluntary Employment/Work

Further Education

**Other - Please specify:**

To be completed by Applicant/Referral Agency/Referrer

Please ensure that you enclose a care plan and risk assessment with this application and if you are posting this, please remember to use a large stamp.

**Please give summary of applicants' history, conditions or diagnosis**

**Please list any medication the applicant is taking and side effects, if applicable:**

**Does the applicant suffer from epilepsy, allergies or intolerances? Yes or No**

**Please specify –**

**Does the applicant have a history of violence towards themselves or others?  
If yes please give details, including how recent:**

**Applicant Signature:**

Date:

**Referrer Signature:**

Date:

Please note that persons with a stabilised alcohol/substance abuse problem must be stable for a minimum of 12 months prior to this application.

Any persons attending the project under the influence of alcohol or drugs, will not be admitted.

**\*Proof of Address:**

Please provide evidence of the applicant's address through a copy of an original document from the list below. Tick one box to confirm the evidence you are providing with the application:

|                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Letter from HMRC (dated within 6 months of the applicant's start date)                                                                                                              |
| 2. <input type="checkbox"/> Utility Bill/Phone Bill (dated within 6 months of the applicant's start date)                                                                                                       |
| 3. <input type="checkbox"/> Bank Statement (dated within 6 months of the applicant's start date)                                                                                                                |
| 4. <input type="checkbox"/> Council Tax letter or statement (dated within 6 months of the applicant's start date)                                                                                               |
| 5. <input type="checkbox"/> Driving Licence (current & valid driving licence showing not past expiry date)                                                                                                      |
| 6. <input type="checkbox"/> The most recent Tenancy Agreement (dated within 6 months of the participant start date)                                                                                             |
| 7. <input type="checkbox"/> Other (please specify the document below, which must show address, be dated within six months of applicant's start date and/or current and not past expiry date where appropriate): |



# Trainee Consent Form

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## Consent for staff at CRUMBS to share information from my personal file when appropriate

Your personal information will be kept in accordance with the Data Protection Act 1998, the Human Rights Act 1998, and the Common Law Duty of Confidentiality. Your personal information should only ever be shared with people who have a genuine need to access it and only the minimum necessary information should be shared.

I hereby give permission for The Crumbs Project, Registered Charity number 1151926, to share my personal information as above.

**Signature:**

**Print Name:**

**Date:**