

**Information**

**Advice and**

**Support**

**Kent**

**Information, Advice and Support Kent**

***A service for special educational needs and***

***disabilities – helping you make informed choices***

**Volunteer Independent Supporter**

**APPLICATION FORM**

**Personal Details**

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Name (s):** |  |
| **Address:** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Telephone Numbers:** |  |
| **Work:** |  |
| **Home:** |  |
| **Mobile:** |  |

Please note the following in relation to being a volunteer Independent

Supporter with Information, Advice and Support Kent:

This is a voluntary activity and not paid employment. Volunteers will be reimbursed for out-of-pocket expenses.

Volunteers are not employees of Kent County Council.

**Reasons for applying to become an Independent Supporter:**

Please tell us why you are applying for this role and what you hope to gain from the experience.

**Employment, Voluntary or Personal Experience**

Having looked at the role description and person specification, please tell us about any of your employment, voluntary or personal experience that you think would be relevant to this role:

Have you any other specialist skills or abilities i.e. Makaton, BSL, Community Language?

**Training and Support:**

What aspects of the role do you think you will be able to perform well?

What aspects of the role do you think you would find most challenging and would need support or additional training?

**References**

Please give the names, addresses and telephone numbers of two referees who will be able to comment on your suitability for this role (not a relative):

**Reference 1**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Tel. Number: |  |
| Email: |  |

**Reference 2**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Tel. Number: |  |
| Email: |  |

**Special Needs**

Please tell us about:

(a) any reasonable adjustment you need to help you with your application

(b) any reasonable adjustment you would need to help you carry out this role

**Transport**

Do you hold a full UK driving licence? Yes / No

Do you have a car? Yes / No

**Rehabilitation of Offenders Act 1974**

This role is exempt from the provisions of the Rehabilitation of Offenders Act. You must give details of any convictions; both spent and unspent, on a separate sheet.

I understand that this role is subject to a DBS check.

Signature: Date:

**Please see Equalities Monitoring Form below thank you.**

**What an Independent Supporter (IS) does not do!**

It is possible when working with a family that they may ask you to do things that are outside your role as an IS. It is important however that parents or young people do not become overly-dependent on their IS, but are helped to make their own decisions.

**An IS should not**:

* Make professional judgements about what is best for a child or young person
* Give advice about what parents or young people should do
* Work with professionals involved with a child instead of the parents
* Do things for parents or young people which, with support, they could do themselves
* Become a family counsellor
* Become involved in issues other than the assessment and provision for the child’s special educational needs
* Manage difficult situations without help
* Baby-sit, do shopping or other errands
* Be an advocate (with the exception of a young person who may require this in specific circumstances).

**Equal Opportunities Monitoring Form**

To help us check that our recruitment procedures give genuine equality of opportunity, please answer the questions below and **return this sheet with your application form**.

Name:

Age:

Do you consider yourself to be disabled? Yes / No

**If yes**, do you consider yourself to be disabled under the terms of the

Disability Discrimination Act?

Yes / No

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities.

If you answered **yes** to either of the above questions, please complete the disability Statement attached.

**Gender:**

Please tick box Male Female

**Ethnic Origin:**

WHITE:

British

Irish

Any other white background (please specify)

Continued/

MULTI-ETHNIC:

Black Caribbean and White Black African and White

Any other multi-ethnic background (please specify)

ASIAN OR ASIAN BRITISH:

Indian Pakistani

Bangladeshi

Any other Asian background (please specify)

BLACK OR BLACK BRITISH:

Caribbean African

Any other black background (please specify)

CHINESE OR OTHER ETHNIC GROUP:

Chinese

Any other ethnic background (please specify)

**Disability Statement**

Information, Advice and Support Kent is committed to equality of opportunity for disabled people. Applications from disabled people are welcome. In order to help us fulfil our aims, please answer the following questions:

Is there anything you would particularly like to tell us about your disability?

If you wish us to try and arrange for any of the following to be available for you to attend the training, please tick.

induction loop or other hearing enhancement

sign language interpreter

(please state type)

keyboard information transcribed on tape

wheelchair access accessible car parking accessible toilet other assistance (please

specify)

Signed: Date: Name:

Thank you for providing this information. Please return this form with your application via email or post to:

**Information, Advice and Support Kent**

**Shepway Centre**

**Oxford Road**

**Maidstone**

**Kent ME15 8AW**

**Office: 03000 412 412**

**Helpline: 03000 41 3000**

[**Email: iask@kent.gov.uk**](mailto:kentparentpartnershipservice@kent.gov.uk)

**Website: www.kent.gov.uk/iask**