



Autism Independence

APPLICATION FORM

Please complete this form and return it on or before the closing date (Midday on Friday 31st October 2025) via email or post. Late applications may not be considered. All information given will be treated with the strictest confidence.

Email Address: hello@autism-independence.org

Postal Address: First Floor, 7 Eastgate Office Centre, Eastgate Road, Bristol, BS5 6XX

1. POSITION: EHCP Parent Coordinator – English & Somali speaking

2. PERSONAL DETAILS

Title (Dr/Mr/Ms/Mrs...)	
Forenames	
Surname	
Location (e.g. Bristol)	
Email Address	
Telephone Number (Home)	
Telephone Number (Mobile)	
Telephone Number (Work)	

3. EDUCATION

(if this is covered in a submitted CV, can be left blank)

Name and Address of School	Level of Qualifications and Subjects passed (with grades)



Autism Independence

Name and Address of College	Level of Qualifications and Subjects passed (with grades)
Name and Address of University	Level of Qualifications and Subjects passed (with grades)
Other	Level of Qualifications and Subjects passed (with grades)

4. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS (if this is covered in a submitted CV, can be left blank)

Date Joined	Institute/ Organisation	Grade of Membership (Where appropriate)

5. EMPLOYMENT - most recent first (if this is covered in a submitted CV, can be left blank)

Name and Address of Employer and Nature of Business:	From: To:	Job Title: Job Function/ Responsibilities:	Reason for Leaving



Autism Independence

6. PERSONAL STATEMENT

Please detail your suitability for this position based upon the person specification as outlined in the Job Role.



Autism Independence

7. DISABILITY DISCRIMINATION ACT 1995

Do you require any special arrangements to be made to assist you if called for interview (*delete as appropriate*)? YES/NO

Please provide details:

The process of appointing staff will be informed and in accordance with our policies. We will not discriminate unlawfully against individuals applying for this post on grounds of race, disability, sexual orientation, religion, belief or age.

Have you ever been convicted of any criminal offences (*delete as appropriate*)? YES/NO

If you have indicated yes please summarise the details below. Having a conviction will not necessarily stop you from volunteering, but will be taken into consideration when assessing your suitability:

Please note, if you are successful in your application and are appointed to this post you will be required to submit an Enhanced disclosure DBS before your employment is confirmed.

8. REFEREES

Please give the details of referees, one should be a work-related referee - where possible from your most recent role(s).

In some circumstances Autism Independence may find it helpful to contact one or other of your nominated referees prior to interview, please mark the box under each referee nomination to confirm whether you would be happy for us to do so. Referees will not be contacted without your prior approval.

Name:	Name:
Position:	Position:
Company:	Company:



Autism Independence

Address:	Address:
Telephone No.:	Telephone No.:
Email:	Email:
Nature of Relationship:	Nature of Relationship:
Permission to contact prior to interview? YES/NO	Permission to contact prior to interview? YES/NO

9. VERIFICATION OF INFORMATION

I certify that all information which I have provided is correct. I understand that any false information given may result in this offer being withdrawn.

Signature:

Date: