



SEND Information, Advice and Support Service

Independent Parental Supporter (IPS) Application Form

Name: _____

Address: _____

Tel No: _____

Email: _____

Age: 25 - 35 36 - 45 46 - 55 56 - 65 over 65
(please circle)

Ethnic Origin: _____

Language Spoken: _____

Occupation: _____

Please answer all questions overleaf

1. Have you previously worked as a volunteer, if so in what capacity?

2. Have you any experience in the field of Special Education, either as a consumer or a provider or both?

3. Any other information you feel may be relevant (you may wish to include your reasons for wanting to be a volunteer).

4. Would you be prepared to undertake an informal interview and appropriate training?

Yes / No *(please circle appropriate answer).*

5. If so, what time would be most convenient for you?

Daytime / Evenings / Weekends *(please circle appropriate answer).*

6. All applicants who are accepted as a Independent Parental Supporter will be subject to a police check. Would you have any objections to these checks being made?

Yes / No *(please circle appropriate answer).*

7. How did you hear about the Independent Parental Supporter Course?

Signed: _____

Date: _____

Return form to:
SEND Information, Advice and Support Service
The Mount Education Support Centre
Mount Avenue
Penkhull
Stoke on Trent
ST4 7JU.
Tel: 01782 234701
Email: iass@stoke.gov.uk