

Application Form

Thank you for your interest in Hereward College. Please complete the application as fully as possible, as this will help us to get a good understanding of your needs. **All applicants need to complete sections one to three. Please then complete any other sections that you feel are relevant to your needs.**

When would you like to begin your studies at Hereward?

2017 2018 2019

What type of student placement would you like?

Residential Day

Section One: About You

Full Name	Title: Miss/Mr/Ms/Mrs
Home Address	Post Code
Telephone Numbers	Home Mobile
Date of Birth	
Email address	
Are you in the care of your local authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Next of Kin Name and home address (if different from above)	Post Code
Relationship to Applicant:	
Telephone Number	Home Mobile
Email address	
<p>Have you visited the College Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate when</p> <p>If no, please contact the college to arrange a visit; we cannot carry out an assessment until you have done so.</p>	

Please state where you first heard about Hereward College

- | | |
|---|--|
| <input type="checkbox"/> College Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> YouTube | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Hereward blog | <input type="checkbox"/> Advertisement (Name of Publication) |
| <input type="checkbox"/> NATSPEC/Website/Brochure | <input type="checkbox"/> Careers Personal Adviser |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Exhibition (which?) |
| <input type="checkbox"/> School | <input type="checkbox"/> Other (where?) |

Academic and Vocational Courses

Please indicate the course that interests you (you can tick more than one)

- | | | | |
|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Sport | <input type="checkbox"/> | Art / Graphics | <input type="checkbox"/> |
| Media Studies / Photography | <input type="checkbox"/> | Business Studies | <input type="checkbox"/> |
| ICT | <input type="checkbox"/> | English / Maths | <input type="checkbox"/> |
| Performing Arts / Dance | <input type="checkbox"/> | Skills for Life | <input type="checkbox"/> |
| Music | <input type="checkbox"/> | Hospitality | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | Horticulture (Land Based Studies) | <input type="checkbox"/> |

If you know what you would like to do after your college course, please state

Nationality

Country of residence

Have you lived in the UK or European Community for the last three years?

- Yes No

Please give date of entry into UK if relevant

__/__/____

Are you on a time limited visa?

- Yes No

To help us make sure we are an equal opportunities college, please complete the information below

- | | |
|--|--|
| <input type="checkbox"/> Bangladeshi (41) | <input type="checkbox"/> White and Asian (37) |
| <input type="checkbox"/> Indian (39) | <input type="checkbox"/> White and Black African (36) |
| <input type="checkbox"/> Pakistani (40) | <input type="checkbox"/> White and Black Caribbean (35) |
| <input type="checkbox"/> Other Asian background (43) | <input type="checkbox"/> Mixed - any other ethnic background (38) |
| <input type="checkbox"/> African (44) | <input type="checkbox"/> White – English/Welsh/Scottish/Northern Irish/ British (31) |
| <input type="checkbox"/> Caribbean (16) | <input type="checkbox"/> White - Irish (32) |
| <input type="checkbox"/> Other Black/African/Caribbean background (17) | <input type="checkbox"/> Gypsy or Irish Traveller (33) |
| <input type="checkbox"/> Chinese (42) | <input type="checkbox"/> White - any other (34) |
| <input type="checkbox"/> Arab (47) | <input type="checkbox"/> Any other ethnic group (98) |
| | <input type="checkbox"/> Not provided (99) |

Do you consider yourself to be:

- | | |
|---|---|
| <input type="checkbox"/> Heterosexual or straight | <input type="checkbox"/> Gay or lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to say | |

Religion/Belief

- Male Female

Section Two: Other People You Work With

Do you have an Education, Health & Care Plan? <i>If yes, please attach a copy.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has a community care assessment, common assessment framework or improving choice for living and work assessment been carried out? <i>If yes, please attach a copy.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

Name of Careers adviser	Address	Telephone E mail	How often do you see them?
Name of contact at current school/college	Name of school/organisation Address	Telephone E mail	How many days a week do you attend?
Name of current social worker	Address	Telephone E mail	How often do you see them? Date last seen
Name of previous social worker	Address	Telephone E mail	Date last seen
Name of current GP	Address	Telephone E mail	
Name of CAMHS worker/psychologist/ other mental health worker Job role	Address	Telephone E mail	How often do you see them? Date last seen
Name of current physiotherapist/ occupational therapist Job role	Address	Telephone E mail	How often do you see them?

Name of current speech and language therapist	Address	Telephone E mail	How often do you see them? Date last seen
Other professional involved with the student Role	Address	Telephone Email	How often do you see them?
Name of any respite service	Address	Telephone Email	How often do you receive respite?

If you have reports from any of the above people, please attach copies to the application form, or alternatively email copies to admissions@hereward.ac.uk

We need to contact the above people to help us understand your needs. Please sign the consent below to allow us to do this.

I give permission to the professionals that work with me to send reports to Hereward College. This will be to support my application and will involve sharing this information with funding agencies.

Signature of applicant	
Name in block capitals	
Date	

Section Three: Places You Have Studied

Please tell us about the places you have studied at from Secondary School onwards

Name of school/college	From	Address	Telephone and e mail address	Reason for leaving (?)
	To			

Please tell us about the exams you passed or any other important achievements while you were there.
Remember to include the dates if possible

Do you have, or have you had a Statement of Special Educational Needs or an EHC PLAN?

Yes

No

If yes, please attach a copy

Date of first issue

Date of last annual review

Please attach a copy

Date of next annual review

If applicable

Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the police? No Yes

If yes, please detail below:

Section Four: How Disability Affects You

How are you disabled?

How does this affect your learning (e.g. memory, concentration, organisation skills, ability to work independently etc.)?

Do you have a diagnosis of Dyslexia?

Yes

No

What equipment do you use to help with learning in the classroom if any?

Do you have any difficulties with using or understanding speech or language?

Section Five: Your Health

Please tell us about your health in general, have you had any major operations or other medical help?

Do you have a diagnosis of epilepsy? If yes, please give an indication of how often, and when they are most likely to happen:

Yes No

Are you seeing any consultants or having any specialist treatments at the moment? This may include for physical health or emotional well being or mental health difficulties. If yes, please give details of the treatment and who is in charge of this treatment. *Please attach any relevant reports*

Yes No

Have you previously seen any consultant for any treatment for physical health, emotional well being or mental health difficulties? If yes, please give details.

Yes No

Have you received a diagnosis for your difficulties? If so, please explain.

Do you need any regular medical/nursing support? (E.g. ventilator, epilepsy, medical devices)

If yes, please provide details

Please give details of any medicines you take

Please give details of any current or historical safeguarding issues

Section Six: Day- to- Day Activities

Please give details of any previous or current therapy, including speech and language, counselling, occupational health, physiotherapy etc (please attach any reports if possible)

Do you walk?

No Yes, unaided Yes with an aid

If you use a walking aid, please specify what type?

Are you a wheelchair user?

No Yes, manual Yes, powered

If powered, please specify make/model:

Do you use any other specialist items for physiotherapy practices (e.g. standing)?

Yes No

If yes, please give details

Do you use a communication aid? If yes, please indicate type of aid used and name of equipment if known

Yes No

How long have you been using this equipment?

Do you need any help transferring from?

Chair to bed Chair to shower/bath Chair to toilet

If yes, please indicate how you transfer.

Handrails Step Handling belt Turntable
Sliding board Electric stand aid Overhead hoist Mobile hoist

If you have indicated use of a hoist, please details of type used, including make and size.

Do you use any postural support system at night?

Yes No

Do you require any help during the night?

Yes No

Do have any difficulties eating/swallowing food?

Yes No

Do you have any difficulties swallowing liquids?

Yes No

Please detail any particular needs around food, including any allergies, medical requirements, religious or lifestyle choices.

Do you have any difficulties making healthy choices about food or keeping to a healthy weight? (please give as much detail as possible)

Section Seven: Your Social Life

What will be most difficult for you about starting college? This might be things like making friends, changes in routines, moving away from home, keeping yourself safe. Please tell us about any particular past difficulties you have had in managing day -to- day life. This might be about feeling depressed, anxious or behaving differently.

Difficulty (e.g. anxiety)	What may trigger this?	What do I do to cope with / manage this?

Do you find it difficult to manage when things change unexpectedly?

Yes No

How do you manage this at the moment?

What kinds of things do you like to do in your free time, any hobbies or interests?

Who else lives at home with you?

As part of the interview process for residential applicants, you will be invited to stay overnight. Is there anything else the college needs to know regarding your routines, behaviour or personal issues that may affect your stay?



I give permission to the professionals that work with me to send reports to Hereward College. This will be to support my application and will involve sharing this information with funding agencies.

Signature of applicant	
Name in block capitals	
Date	

If signed on behalf of applicant, please state relationship to applicant	
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N.B. Professionals may include GP, Social Worker, Education and Medical Professionals, Careers Advisers

Data Protection Statement and Declaration

Hereward College (the College) is registered under the Data Protection Act 1998 (the Act) and is committed to ensuring that any personal information it holds about you is processed in accordance with the law. The College is required to disclose certain information you have provided on this form to the Education Funding Agency and the Skills Funding Agency to enable it to carry out its statutory functions. The College may be asked to share information about you with other organisations or interested parties. Other than in exceptional circumstances or unless required to do so by law, we will not do this without having first obtained your consent. Further information about how we will use and protect your personal information and about your rights under the Act is included in the College's Data Protection Policy which is available from the college.