

Photo



# Student Application Form

We provide our students with opportunities to learn new skills to prepare them for adult life in the community

|                           |            |                    |                  |
|---------------------------|------------|--------------------|------------------|
| <b>Entry date:</b>        |            |                    |                  |
| <b>Mode of attendance</b> | <b>Day</b> | <b>Residential</b> | <b>Part-time</b> |

Please complete this form with your parent/carer as fully as possible. You should use CAPITAL letters and write in black ink. Attach two passport sized colour photographs of yourself. The information you provide will be circulated to the staff at the college to assist and used to assess your needs. If you accept a place at this college your personal records, progress and achievements will be stored electronically. The college has security procedures to ensure that access to your records is restricted to relevant personnel. You are entitled to see your records at any time and they will not be shared with unauthorised personnel without your permission.

By completing this application form you agree to your personal data being kept on file for the duration of your EHCP.

Please supply the following documents with your application:

- EHCP, My Support Plan, My Plan or LDA
- Latest review report, behaviour plan and risk assessment
- Statement of Educational needs
- Details of qualifications gained to date
- Any other reports which you feel would support your application

## Student personal details

|                                 |  |                              |  |
|---------------------------------|--|------------------------------|--|
| <b>Surname:</b>                 |  | <b>Likes to be known as:</b> |  |
| <b>First name (s):</b>          |  |                              |  |
| <b>Date of Birth:</b>           |  | <b>Gender:</b>               |  |
| <b>Religion if known:</b>       |  | <b>Ethnic Origin:</b>        |  |
| <b>Nationality:</b>             |  | <b>Place of Birth:</b>       |  |
| <b>Language used:</b>           |  | <b>National Insurance No</b> |  |
| <b>Address:</b>                 |  |                              |  |
| <b>Postcode:</b>                |  | <b>Telephone:</b>            |  |
| <b>Diagnosis of disability:</b> |  |                              |  |

| 1. Parents/Carers details  |  | 2. Parents/Carers details      |  |
|--|--|--------------------------------|--|
| <b>Surname:</b>  |  | <b>Surname:</b>                |  |
| <b>First name:</b>   |  | <b>First name:</b>             |  |
| <b>Relationship to student</b>   |  | <b>Relationship to student</b> |  |
| <b>Address (if different):</b>   |  | <b>Address (if different):</b> |  |
| <b>Postcode:</b>   |  | <b>Postcode:</b>               |  |
| <b>Telephone:</b>  |  | <b>Telephone:</b>              |  |
| <b>Mobile:</b>   |  | <b>Mobile:</b>                 |  |
| <b>Email:</b>  |  | <b>Email:</b>                  |  |
| <p>Please note that we are required to verify your email address as this will be our primary method of communication with you. Please respond to the email sent to verify and notify us of any additional email addresses you would like us to communicate with you through, any additional email addresses will also need to be verified.</p> |  |                                |  |

| Please give 2 contact names and numbers in case of emergency: |  |                      |  |
|---|--|----------------------|--|
| <b>Name:</b>  |  | <b>Name:</b>         |  |
| <b>Relationship:</b>  |  | <b>Relationship:</b> |  |
| <b>Telephone:</b>   |  | <b>Telephone:</b>    |  |

| Education                      |  |                      |  |
|--------------------------------|--|----------------------|--|
| <b>Current school/college:</b> |  |                      |  |
| <b>Address:</b>                |  |                      |  |
| <b>Postcode:</b>               |  | <b>Telephone:</b>    |  |
| <b>Headteacher:</b>            |  | <b>Classteacher:</b> |  |

| Health details   |  |                   |  |
|--|--|-------------------|--|
| <p>It is very important that the college has accurate, up to date medical and health information about your son or daughter so that you can be sure that they are safe when they come to stay with us for their assessment week and during their college course. Please complete the form below as fully as possible and if you have any queries or concerns don't hesitate to contact us.</p> |  |                   |  |
| <b>Current Doctor:</b>   |  |                   |  |
| <b>Address:</b>  |  |                   |  |
| <b>Postcode:</b>   |  | <b>Telephone:</b> |  |
| <b>Any medical condition (asthma, epilepsy etc):</b>   |  |                   |  |
| <p>Please provide details of all medication, creams, inhalers etc (continue overleaf if necessary). Please note that the college requires written confirmation of the name, dose and full instructions for use all medication</p>  |  |                   |  |

from your GP. Please inform us of any changes to medication that occur so that we have up to date information for assessment week and the beginning of the college course.

| Name of medication | Dose | Reason for medication | Time(s) of administration | Additional information |
|--------------------|------|-----------------------|---------------------------|------------------------|
|                    |      |                       |                           |                        |
|                    |      |                       |                           |                        |
|                    |      |                       |                           |                        |
|                    |      |                       |                           |                        |

A medical consent form for staff employed by Fairfield Farm College to administer prescribed medication, paracetamol and first aid to the named student in this application will be sent out once funding has been agreed

**Signed (parent/guardian):**

Please give details of medical/health/dietary requirements including signs and symptoms, treatments, interventions, substances/foods to be avoided, etc. If your son/daughter has epilepsy, a severe allergy or other potentially serious medical conditions please ensure that you provide us with clear, written information and instructions on how to manage the condition (continue overleaf if necessary).

**Allergies:**

**Dietary requirements:**

**Treatments:**

**Other:**

### Independence and personal care

Students at Fairfield are supported to learn to manage their own medication, bankcard and finances if possible and will be assessed and taught to do this in a structured way. However it would be helpful to know if you feel that they can already do this before coming to college.

|   | Yes | No | Comments |
|---|-----|----|----------|
| <b>Does your son/daughter already take their medication without reminders and supervision?</b>              |     |    |          |
| <b>Does your son/daughter already manage their bankcard and finances without reminders and supervision?</b> |     |    |          |

Students at Fairfield are supported to learn to manage their personal care and will be assessed and taught to do this in a structured way. Staff have training and follow procedures and risk assessments to provide personal care safely when necessary. Please sign the consent declaration below to indicate that you give permission for staff to provide personal care, including bathing, shaving, nail cutting, etc.

I give my consent for staff employed by Fairfield Farm College to provide personal care to the named student in this application.

**Signed (parent/guardian):**

| <b>Have any of the following professionals ever worked with your son/daughter?</b> |            |           |   |
|--|------------|-----------|---|
|  | <b>Yes</b> | <b>No</b> | <b>Name and contact details of professional (please attach any reports)</b> |
| <b>Behaviour lead</b>  |            |           |   |
| <b>Community nurse</b>   |            |           |   |
| <b>Occupational therapist</b>  |            |           |   |
| <b>Physiotherapist</b>   |            |           |   |
| <b>Psychiatrist</b>  |            |           |   |
| <b>Psychologist</b>  |            |           |   |
| <b>Speech and Language</b>   |            |           |   |
| <b>Counsellor</b>  |            |           |   |
| <b>Visual Impairment</b>   |            |           |   |
| <b>Hearing Impairment</b>  |            |           |   |

| <b>Additional information</b>  |  |
|--|--|
| <b>Please give details of any physical and/or sensory needs:</b>   |  |
| <b>If glasses are worn, please give details eg short/long sighted along with when they need to be worn:</b>        |  |
| <b>If hearing aids are worn, please give details eg left/right ear and any additional information:</b>             |  |
| <b>Please give details of any emotional and/or behaviour support needs:</b>  |  |
| <b>Please give details of any safeguarding issues, include any named person(s) that have restricted access:</b>    |  |
| <b>If your son/daughter has ever been cautioned by the police or convicted of an offence, please give details:</b> |  |

| <b>Local Authority Leads</b>              |  |
|---|--|
| <b>Personal Advisor/SEND Lead Worker:</b> |  |
| <b>Address</b>                            |  |

|                       |  |                   |  |
|-----------------------|--|-------------------|--|
| <b>Postcode:</b>      |  | <b>Telephone:</b> |  |
| <b>Email:</b>         |  |                   |  |
| <b>Social Worker:</b> |  |                   |  |
| <b>Address</b>        |  |                   |  |
| <b>Postcode:</b>      |  | <b>Telephone:</b> |  |
| <b>Email:</b>         |  |                   |  |

### Student Declaration

I understand that any personal information collected about me by Fairfield Farm College will be treated in the strictest confidence. I have helped to complete this application as fully as possible and all the information given is correct to the best of my knowledge. I understand that Fairfield Farm College will ask my current school or college for a reference and may ask any people who have worked with me to write a report to support my application to become a student at the college. I agree that my records at Fairfield Farm College can be stored electronically.

|                    |  |              |  |
|--------------------|--|--------------|--|
| <b>Signed:</b>     |  | <b>Date:</b> |  |
| <b>Print name:</b> |  |              |  |

### Parent/Carer Declaration

I have supported the above named person to understand and help complete this form, the information given is complete and accurate to the best of my knowledge, and no information which may affect the safety and welfare of this person or others at the college has been withheld or omitted. I understand that if the safety and welfare of any person at this college is compromised due to information being inaccurate or withheld by me, further action may be taken by the College.

|                    |  |              |  |
|--------------------|--|--------------|--|
| <b>Signed:</b>     |  | <b>Date:</b> |  |
| <b>Print name:</b> |  |              |  |

### Data protection and use of images

I understand that Fairfield Farm College will keep this data on file for the duration of the EHCP, to support the needs of my son/daughter.

I understand and give consent for images of my son/daughter taking part in daily activities at college to be used as evidence of achievement for assessment purposes and to be used on the website, Facebook and for publicity materials.

|                    |  |              |  |
|--------------------|--|--------------|--|
| <b>Signed:</b>     |  | <b>Date:</b> |  |
| <b>Print name:</b> |  |              |  |

### Please assist us in our quality assurance procedures by answering the following questions:

|   |  |
|---|--|
| <b>How did you hear about us?</b>                 |  |
| <b>Why have you chosen to apply to Fairfield?</b> |  |

|   |  |
|---|--|
|   |  |
| <b>Are there any ways we can improve our offer?</b> |  |

|  |  |
|--|--|
| <b>Qualifications with achievement dates or date to be taken</b><br><br><b>This information is essential for us to be able to process your application</b> |  |
|--|--|