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| Please send all applications to the Admissions Team: [Admissions@ffc.ac.uk](mailto:Admissions@ffc.ac.uk) or  Fairfield College, 43 High Street, Dilton Marsh, Wesbury BA13 4DL | | | | | | |
| **Student Application Form** | | | | | | |
| *‘****To enable young people to live and work without barriers’*** | | | | | | |
| **Year of Entry:** | |  | | | | |
| **Type of Placement** | | **Day student** | **Residential student** | **Alternative Provision** | | |
| Please complete this form with as much information as possible. We need this information to be able to make sure that a place at college is suitable for you and that we can meet your needs. We would like to store your application and information you send to us electronically whilst you are a student with us. We will ensure your information is secure, confidential with only key staff being able to access it (such as your tutor, managers working with you or care staff). This is so we can ensure we are acting in your best interest. You can see your records at any time, and they will not be shared without your permission. | | | | | | |
| **Please supply the following documents with your application:**   * EHCP, My Support Plan, My Plan * Latest annual review report, behaviour support plan and risk assessment * Statement of Educational needs * Details of qualifications gained to date and ULN number * Photograph of applicant * Any other reports which you feel would support your application | | | | | | |
| **GDPR Data Consent** | | | | | | |
| * I understand that Fairfield Trust will keep all information provided on application, on file for the duration of the placement at college to allow them to support the needs of my child. * In the legitimate interest of the young person, Fairfield will take and use images and recordings in order to provide evidence to awarding bodies and I understand and give consent for these images/recordings to be used as evidence of achievement for assessment purposes. * I give consent for Fairfield to use my images as part of advertising and social media posts. * I understand that I can withdraw my consent at any time. | | | | | | |
| **Signed:** |  | | | | **Date:** |  |
| **Print name:** |  | | | | | |

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| **Student personal details:** | | | | | | |
| **Surname:** | |  | | **Likes to be known as:** | |  |
| **First name (s):** | |  | | | | |
| **Date of Birth:** | |  | | **Gender:** | |  |
| **Religion if known:** | |  | | **Ethnic Origin:** | |  |
| **Nationality:** | |  | | **Place of Birth:** | |  |
| **Language used:** | |  | | **National Insurance No** | |  |
| **Address:** | |  | | | | |
| **Contact: Mobile/phone/email** | |  | | | | |
| **1. Parent/Carer details:** | | | **2. Parent/Carer details:** | | | |
| **Surname:** |  | | **Surname:** | |  | |
| **First name:** |  | | **First name:** | |  | |
| **Relationship to student** |  | | **Relationship to student** | |  | |
| **Address (if different):** |  | | **Address (if different):** | |  | |
| **Postcode:** |  | | **Postcode:** | |  | |
| **Telephone:** |  | | **Telephone:** | |  | |
| **Mobile:** |  | | **Mobile:** | |  | |
| **Email:** |  | | **Email:** | |  | |

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| **Please provide 2 contact names and numbers in case of emergency:** | | | |
| **Name:** |  | **Name:** |  |
| **Relationship:** |  | **Relationship:** |  |
| **Telephone:** |  | **Telephone:** |  |

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| **Secondary Education:** | | | |
| **Current school/college:** |  | | |
| **Address:** |  | | |
| **Telephone:** |  | **Email:** |  |
| **Headteacher:** |  | **Teacher/Tutor:** |  |
| **Unique Learner Number** | *Please ask your current school for this.* | | |

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| **Health details:** | | | | | | |
| It is very important that the college has accurate, up to date medical and health information about your child so that we can ensure appropriate care is given. Please complete the form below as fully as possible and if you have any queries or concerns don’t hesitate to contact us. | | | | | | |
| **Current Doctor:** |  | | | | | |
| **Address:** |  | | | | | |
| **Postcode:** |  | | | | **Telephone:** |  |
| **Any medical condition (asthma, epilepsy etc):** |  | | | | | |
| **Medication** | | | | | | |
| * Please provide details of all medication, creams, inhalers etc (continue overleaf if necessary) that you will need to take whilst at college. For each medication - we will need signed consent from a medical professional. Without consent Fairfield College will not administer medication in **any** circumstances. * For conditions that have emergency medication, such as epilepsy Fairfield will also need additional information **before** we can administer. | | | | | | |
| **Name of medication** | | **Reason for medication** | | | | |
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| **Signed (parent/guardian):** | | | |  | | |
| **Allergies and dietary requirements** | | | | | | |
| **Allergies:** | | |  | | | |
| **Dietary requirements:** | | |  | | | |

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| **Independence and personal care:** | | | |
| Students at Fairfield are supported to develop their independence and manage their own medication, bank card and finances if possible and will be assessed and supported to do this in a structured way. Please complete below to give us an idea of current levels of independence. | | | |
|  | **Yes** | **No** | **Comments** |
| Does your child already take their medication without reminders and supervision? |  |  |  |
| Does your child already manage their bank card and finances without reminders and supervision? |  |  |  |
| Students at Fairfield are supported to learn to manage their personal care and will be assessed and supported 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 (if appropriate) for staff to provide personal care until independence is developed. | | | |
| I give my consent for staff employed by Fairfield Trust to provide personal care to the named student in this application. | | | |
| **Signed (parent/guardian):** |  | | |

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| **ADDITIONAL SUPPORT- Does the applicant currently receive support from:** | | | | | | |
|  | | **Yes** | **No** | **Name and contact details** | | |
| **Behaviour lead** | |  |  |  | | |
| **Community nurse** | |  |  |  | | |
| **Occupational therapist** | |  |  |  | | |
| **Physiotherapist** | |  |  |  | | |
| **Psychiatrist** | |  |  |  | | |
| **Psychologist** | |  |  |  | | |
| **CAMHS/IAPT** | |  |  |  | | |
| **Speech and Language therapist** | |  |  |  | | |
| **Counsellor** | |  |  |  | | |
| **Visual Impairment Team** | |  |  |  | | |
| **Hearing Impairment Team** | |  |  |  | | |
| **Other Professionals?** | |  |  |  | | |
| **Local Authority Leads:** | | | | | | |
| **SEND Lead Worker:** |  | | | | | |
| **Address** |  | | | | | |
| **Postcode:** |  | | | | **Telephone:** |  |
| **Email:** |  | | | | | |
| **Social Worker:** |  | | | | | |
| **Address** |  | | | | | |
| **Postcode:** |  | | | | **Telephone:** |  |
| **Email:** |  | | | | | |

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| **Declaration:** | | | |
| We understand that any personal information collected by Fairfield Trust will be treated in the strictest confidence. We understand that Fairfield Trust 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. We agree that my records at Fairfield Trust can be stored electronically throughout the duration of my placement. We can ask to see any information held, at any time. | | | |
| **Applicant Signed:** |  | **Date:** |  |
| **Parent carer Signed:** |  | **Date:** |  |
| **Print name:** |  | | |