

Name of applicant: \_\_\_\_\_

|   |             |                     |  |                        |  |
|---|-------------|---------------------|--|------------------------|--|
| Date of birth                             |             |                     |  | National Insurance no. |  |
| Gender                                    | Religion    |                     | Ethnicity                                |                        |  |
| Proposed start date                       |             | Date of application |  |                        |  |
| Type of placement required                | Residential | 52 weeks per annum  |  |                        |  |
|   | Day learner | 38 weeks per annum  |  |                        |  |
|   | Respite     | Opportunities       |  |                        |  |
|   | Other       |                     |  |                        |  |
| <b>Parent/guardian</b>                    |             |                     |  |                        |  |
| Name                                      |             |                     |  |                        |  |
| Address                                   |             |                     |  |                        |  |
| Postcode                                  |             |                     |  |                        |  |
| Telephone                                 |             |                     | Mobile                                   |                        |  |
| Email                                     |             |                     |  |                        |  |
| <b>Current school</b>                     |             |                     | <b>Current respite or care provision</b> |                        |  |
| Name                                      |             |                     | Name                                     |                        |  |
| Address                                   |             |                     | Address                                  |                        |  |
| Postcode                                  |             |                     | Postcode                                 |                        |  |
| Telephone                                 |             |                     | Telephone                                |                        |  |
| Email                                     |             |                     | Email                                    |                        |  |
| Contact name                              |             |                     | Contact name                             |                        |  |
| Type of provision                         |             |                     | Type of provision                        |                        |  |
| <b>"Connexions" or equivalent contact</b> |             |                     | <b>Social Services contact</b>           |                        |  |
| Name                                      |             |                     | Name                                     |                        |  |
| Address                                   |             |                     | Address                                  |                        |  |
| Postcode                                  |             |                     | Postcode                                 |                        |  |
| Telephone                                 |             |                     | Telephone                                |                        |  |
| Email                                     |             |                     | Email                                    |                        |  |

**Section 1: About You**

| <b>About You</b> |                                      |                                      |
|------------------|--------------------------------------|--------------------------------------|
|                  | <b>Any impairment (please state)</b> | <b>How this impacts on your life</b> |
| <b>Vision</b>    |                                      |                                      |

|                | <b>Any impairment (please state)</b> | <b>How this impacts on your life</b> |
|----------------|--------------------------------------|--------------------------------------|
| <b>Hearing</b> |                                      |                                      |

|                      | <b>Any difficulties</b> | <b>Methods (verbal, signs, gestures, etc.)</b> |
|----------------------|-------------------------|--|
| <b>Communication</b> |                         |  |

|                                      |  |  |
|--------------------------------------|--|--|
| <b>How this impacts on your life</b> |  |  |
|--------------------------------------|--|--|

|                               | <b>Any difficulties</b> | <b>How this impacts on others' lives</b> |
|-------------------------------|-------------------------|--|
| <b>Behaviour difficulties</b> |                         |  |

|                                      |  |  |
|--------------------------------------|--|--|
| <b>How this impacts on your life</b> |  |  |
|--------------------------------------|--|--|

|                 | <b>Any difficulties</b> | <b>How this impacts on your life</b> |
|-----------------|-------------------------|--------------------------------------|
| <b>Physical</b> |                         |                                      |

|                 |                      |  |                     |
|-----------------|----------------------|--|---------------------|
|                 |                      |  |                     |
| <b>Physical</b> | Wheelchair dependent |  | Able to weight bear |
|                 | Wheelchair user      |  | Ambulant            |

|  |                                |                                      |
|--|--------------------------------|--------------------------------------|
|  |                                |                                      |
|  | <b>Outline of difficulties</b> | <b>How this impacts on your life</b> |
| <b>Any additional difficulties (epilepsy, medical, etc.)</b> |                                |                                      |

**About You**

**Tell us a little about yourself (likes, dislikes, hobbies, etc.)**

**Why do you want to come to Condover College?**

**What help do you think you will need when at college?**

**What kind of things would you like to do at college? (education and leisure)**

**Transition**

**What would you like to achieve as an outcome of your college placement?**

**What are your hopes, aspirations and ambitions for your life after you have finished your structured education?**

**Mental Capacity Act**

**Has your legal capacity to make big decisions, e.g. where to live and whether to apply to Condover College Ltd been assessed? If so by whom and what was the outcome?**

**Have you made any advance decisions regarding your medical treatment and your health or has any legally appointed representative made them for you? If so what are they and who made them?**

**Is there anything else you would like to tell us to help us assess your application?**

**I have completed this form in consultation with the applicant and in their best interest.  
I confirm that it is in their best interest to apply for a place at Condover College.  
I hereby consent to CCL obtaining information in relation to this application for a placement.**

**Signed \_\_\_\_\_ Dated \_\_\_\_\_**

**Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_**