



# Application Form

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				

**About You**

**Diagnosis**

**Vision**

**Hearing**

**Communication**

**Behaviour Difficulties**

**Physical**

**Any impairment (Please state)**

**How this impacts on your life**

**Any impairment (Please state)**

**How this impacts on your life**

**Any Difficulties**

**Methods (verbal, signs, gestures etc)**

**How this impacts on your life**

**Any Difficulties**

**How this impacts on others' lives**

**How this impacts on your life**

**Any Difficulties**

**How this impacts on your life**

<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>				
<b>About You</b>				
<b>Tell us a little about yourself (likes, dislikes, hobbies etc)</b>				
<b>Why do you want to come to Condoover College</b>				
<b>What help do you think you will need when at College</b>				
<b>What kind of things would you like to do at College (Education and Leisure)</b>				

**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 \_\_\_\_\_**