Application Form

Name of Applicant: _____

Name of person filling out form				Relationship to applicant	
Date of Birth				National Insurance No	
Gender		Religion		Ethnicity	
Proposed Start Date				Date of Application	

Type of placement required	Education Residential/ Supported Living	☐	Please tick box: 52 Weeks per annum ☐	38 Weeks per annum ☐
	Education Day	☐	Respite ☐	
	Day Services	☐		

Parent/Guardian

Name			
Address			
Postcode			
Telephone		Mobile	
Email			

Current School				**Current Respite or Care Provision**	
Name				Name	
Address				Address	
Postcode				Postcode	
Telephone				Telephone	
Email				Email	
Contact Name				Contact Name	
Type of Provision		EHCP review Date:		Type of Provision	

SEN Contact		Social Services Contact	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	

About the applicant	
Diagnosis	

	Any difficulties	**How this impacts on their life**
Physical		

Physical	Wheelchair Dependent	☐	Able to Weight Bear	☐
	Wheelchair User	☐	Ambulant	☐
Specialist equipment required e.g. hoists, sleep systems, standing frames				

	Outline of Health Needs	**How this impacts on their life**
Health Needs (Epilepsy, Medical etc)		

	What medication	**How administered**	
Medication			
	Outline of difficulties	**How this impacts on their life**	
Any Additional Difficulties (Epilepsy, medical etc)			
	Any Difficulties	**How this impacts on others' lives**	**How this impacts on their life**
Behaviour Difficulties			
	Any Difficulties	**Methods (verbal, signs, gestures etc)**	**How this impacts on their life**
Communication			
	Any impairment (Please state)	**How this impacts on their life**	
Vision			

	Any impairment (Please state)	**How this impacts on their life**
Hearing		

About The Person
Tell us about them (likes, dislikes, hobbies)

Why do they want to come to CCL

What help will they need when at CCL

What kind of things would they like to do at CCL (Education and Leisure)
Transition
What would you like them to achieve as an outcome of their placement
What are their hopes, aspirations and ambitions for their life after they have finished their structured education?
Mental Capacity Act
Has their 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 their medical treatment and their 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 this application?
Is an escort required for travelling in a vehicle?
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_____**