



Orchard Hill
College

Orchard Hill College Application Form

www.orchardhill.ac.uk
0345 402 0453
enquiries@orchardhill.ac.uk



Year applied for:

First name:

Surname/Family name:

Gender: Male Female Date of Birth:

Address:

Residential Care: Supported Living: Family Home:

Do you have an EHCP? (please provide a copy) Yes No

Local Authority:

Home telephone number:

Mobile phone number:

Email address:

National Insurance number:

Country where you normally live (country of domicile)

Have you lived in the UK/EU/EEA for the last 3 years? Yes No

IF NOT: date of entry into UK

Date due to leave UK

Currently at: School College Day Centre Other

School/College/Day Centre name:

Parent/Carer name:

Relationship to applicant:

Address (if different from above):

Telephone number:

Emergency contact (if different from parent/carer):

Relationship to applicant:

Telephone number:

Address:

Next of kin (if different from parent/carer):

Next of kin telephone:

Please tick which course you are applying for

- | | | | |
|----------------------------|--------------------------|--|--------------------------|
| Skills for Work and Living | <input type="checkbox"/> | Part Time Adult Work and Community programme | <input type="checkbox"/> |
| Foundation Skills for Life | <input type="checkbox"/> | Bespoke programme | <input type="checkbox"/> |

What do you hope the College course will help you do when you leave?

- | | | | |
|--------------------|--------------------------|-----------------------------------|--------------------------|
| Employment | <input type="checkbox"/> | Community projects | <input type="checkbox"/> |
| Supported work | <input type="checkbox"/> | Unsupported work | <input type="checkbox"/> |
| Voluntary work | <input type="checkbox"/> | Living with support/independently | <input type="checkbox"/> |
| Self employed work | <input type="checkbox"/> | College | <input type="checkbox"/> |
| Apprenticeship | <input type="checkbox"/> | Going out in the community | <input type="checkbox"/> |

Are you currently employed?

Yes No

If yes, do you work less than 16 hours a week (and earn less than £330 per month)?

Yes No

Do you have a full Level 2? (BTEC First Diploma or equivalent or 5 A* to C GCSEs)

Yes No

What qualifications do you have?

.....

Medical information

Doctor's name:

Address:

Telephone number:

Immunisations:

Care Manager/Social Worker:

Telephone number:

Email:

Any other services/professionals involved e.g. wheelchair services, therapies, doctors, respite care, PA/carers, community teams?

In order for us to process your application and assess your needs, we may need to contact external agencies such as educational establishments, medical professionals or similar third party agencies. Permission to contact: Yes No

Please provide information about your diagnosis:

Do you have any medical problems e.g. allergies, asthma, diabetes, heart problems?:
(If yes, please give details)

Do you have epilepsy?: Yes No

(If yes, please give details, attach care plan)

Do you have any difficulties with vision or hearing?: Yes No

(If yes, please give details and contact information for any support services)

Is there anything else you would like to tell us about your health and medical needs/
support?

**If you have marked 'Yes' to any of the above, please send in copies of any
guidelines, support plans and risk assessments with this form.**

Behavioural information

Do you display any challenging behaviour? Yes No

If yes, please give details:

How is your behaviour managed?

What may trigger behaviour?

What helps?

Do you use any services that offer support? e.g. CAMHS, psychology, art therapies

If yes, please give details:

If you have marked 'Yes' to any of the above, please send in copies of any guidelines, support plans and risk assessments with this form.

Communication

How do you communicate?

e.g. speech, signs, vocalisations, facial expressions, pictures/symbols

What helps you understand?

e.g. simple instructions, symbol timetable, signing

Please give any information about any equipment you use to support communication

e.g. BigMack, Step by step, Communication book (symbol/photo book), PECS

Dietary requirements

How do you have your food?

Cut up Mashed

Chopped Pureed

Soft No changes needed to food

How do you have your drinks?

Drinks need to be thickened

Drinks do not need to be thickened

Are there any foods or drinks that you would not have? (Please list)

Do you ever cough or choke when eating or drinking? (Tell us about it)

Are you nil by mouth? (Tell us about it)

If you have marked 'Yes' to any of the above, please send in copies of any guidelines, support plans and risk assessments with this form.

Dietary requirements (continued)

Do you need support to slow down when eating and drinking? (Tell us about it)

What do you use to eat and drink? e.g. small spoon, plastic cup, straw, plate guard

Do you have any non-oral feeding/nasal/enteral feeds? Yes No

If yes, please give details and information about support services, and attach current regime

Do you have any special diet or food allergies? Yes No

If yes, please give guidelines

Have you had any chest infections recently? (Tell us about it)

About you

Do you need any support with washing or dressing? Yes No

If yes, please give details

Do you need any help with using the toilet or personal care? Yes No

If yes, please give details

Do you have any mobility difficulties or falls? Yes No

If yes, please tell us about how you move and any details about any help that you need

Do you have any problems with your posture or bones? Yes No

If yes, please give details including any health professionals involved and surgeries that you have had

If you have marked 'Yes' to any of the above, please send in copies of any guidelines, support plans and risk assessments with this form.

About you (continued)

Do you have any special equipment? Yes No

If yes, please give details e.g. splints, walking aids, standing frame, hoist, chairs

Do you have any hobbies or interests?

Please give details e.g. art, music, ICT

Please give details about your literacy skills

Where possible please give information from school reports e.g. P Levels

Please give details about your numeracy skills

Where possible please give information from school reports e.g. P Levels

About you (continued)

Please give details about your domestic skills e.g. cooking, shopping

Please give details about your community skills e.g. road safety, public transport, money

Please give details about your work goals e.g. enterprise schemes

Do you need any help with English and Maths?

If yes, please specify:

About you (continued)

What level of support do you currently have?

	1:1 at all times	1:1 most of the time	2:1 all/most of the time	2:1 some of the time	Other (please specify)
In school/ college					
In the community					

What type of learning environment would you prefer? e.g. small/large group, quiet/lively group, male/female staff preference

Do you have any risk assessments or support plans currently in place?

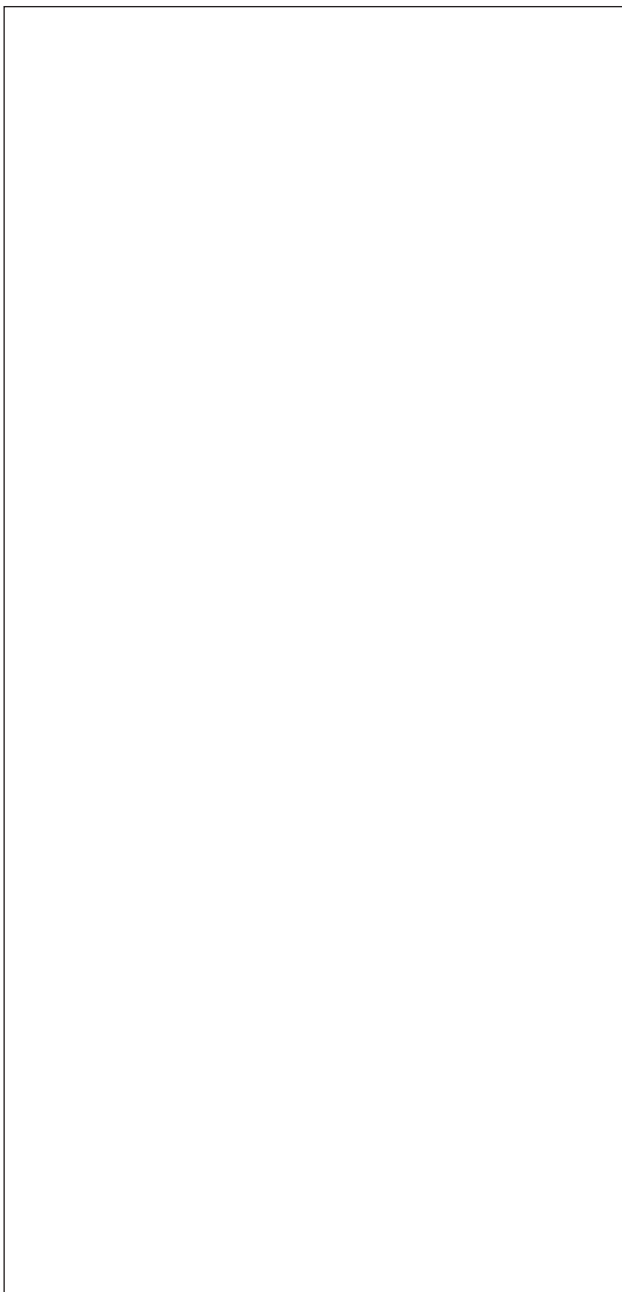
In the interests of safeguarding, please bring these documents with you to interview.

About you - your likes and dislikes

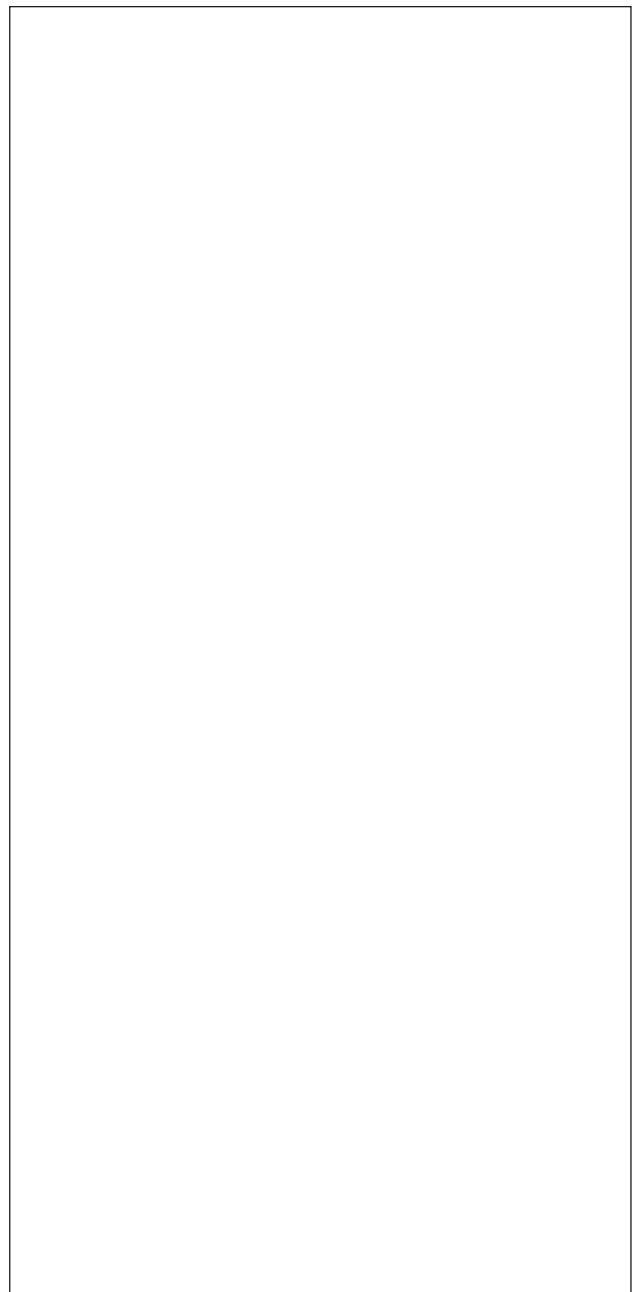
Likes: what makes you happy, things you like to do e.g. watching TV, reading, music, routines

Dislikes: e.g. no shouting, food you don't like, physical touch

Things you like



Things you don't like



Support Needs Information

(If you are unclear as to which boxes to tick, please feel free to discuss with us).

Do you consider yourself to have a learning difficulty? Yes No

If Yes, please tick relevant box:

Moderate Learning Difficulty (MLD) <input type="checkbox"/>	Autistic Spectrum Disorder (ASD) <input type="checkbox"/>
Severe Learning Difficulty (SLD) <input type="checkbox"/>	Dyslexia <input type="checkbox"/>
Profound or Multiple Learning Difficulties (PMLD) <input type="checkbox"/>	Other <input type="checkbox"/>

Do you have any other support needs? Yes No

Do you consider yourself to have a disability? Yes No

If Yes, please tick relevant box:

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Disability affecting movement	<input type="checkbox"/> Medical conditions
<input type="checkbox"/> Behaviours which challenge	<input type="checkbox"/> Mental ill health	<input type="checkbox"/> Eating, drinking or swallowing disorders	<input type="checkbox"/> Epilepsy

Any other support needs, please state:

Ethnic Origin (Please tick relevant box)

<input type="checkbox"/> Asian or Asian British Bagladeshi	<input type="checkbox"/> Asian or Asian British Indian	<input type="checkbox"/> Asian or Asian British Pakistani	<input type="checkbox"/> Asian or any other Asian
<input type="checkbox"/> Black or Black British African	<input type="checkbox"/> Black or Black British Caribbean	<input type="checkbox"/> Black, Black British or any other Black background	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed White Asian	<input type="checkbox"/> Mixed - White and Black African	<input type="checkbox"/> Mixed - White and Black Caribbean	<input type="checkbox"/> Mixed - any other Mixed background
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White - any other background	<input type="checkbox"/> Any other
<input type="checkbox"/> Not known/Not provided			

Religion:

Any religious/cultural needs:

Nationality:

What language is spoken at home?:

How did you hear about Orchard Hill College?

Local Authority LD Advisor Open Day School

Local/national press Website Social Media

Word of mouth/recommendation

The College will access your Personal Learning Record (PLR) to confirm the qualifications stated. Further information is available at: <https://www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents>

I have read all parts of this form and confirm I agree to Orchard Hill College & Academy Trust processing personal data contained in this form, or other data which the college obtains from me or other people. I agree to the processing of such data for any purpose connected with my studies or my health and safety or for any other legitimate reason in compliance with the General Data Protection Regulation.

Please sign to confirm the above and the information provided is correct at the time of completion.

Signed: Print name:

Date: Relationship to applicant:

Please send to: Placements Team, Orchard Hill College, Quadrant House
8th Floor, The Quadrant, Sutton, SM2 5AS

Email: Assessments&Placements@orchardhill.ac.uk

Telephone: 0345 402 0453 **Website:** www.orchardhill.ac.uk

Orchard Hill College & Academy Trust welcomes the General Data Protection Regulation and is committed to the protection of individual privacy. When developing and reviewing our systems we adopt a privacy design by approach. Your data will be held and processed in compliance with the General Data Protection Regulation. Our privacy notice can be viewed at www.orchardhill.ac.uk