



Orchard Hill
College

Orchard Hill College Expression of Interest

www.orchardhill.ac.uk

0345 402 0453

enquiries@orchardhill.ac.uk



Year applied for:

Full name of applicant:

Gender: Male Female Date of Birth:

Address of applicant:

How long have you lived at this address:

Residential Care: Supported Living: Family Home:

National Insurance Number:

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

Current School/College:

(full name, address and contact number)

Date started:

Title and full name of parent(s)/guardian(s):

(if guardian, please state relationship to applicant)

Address of parent(s)/guardian(s):

(if different from applicant)

Email address:

Contact telephone number(s):

Emergency contact:

(if different from parent/guardian)

Is English your first language? Yes No

If no, please state:

Any additional language spoken or understood:

Do you need help with English? Yes No

Nationality: 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:

Ethnic Origin (Please tick relevant box)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asian or Asian
British Bangladeshi | <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 |

Religion:

Local Education Authority:
(full name, address and contact number)

How did you hear about the College?

Doctor(s):
(full name, address and contact number)

SEN case worker:
(full name, address and contact number)

Social Worker/Care Manager:
(full name, address and contact number)

Other services e.g. CAMHS, community support:
(full name, address and contact number)

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

Disability and diagnosis:

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/share information: Yes No

Physical ability:

- Full ambulant
- Constant wheelchair user
- Occasional wheelchair user

Communication:

- Speech
- Voice output communication aid
- P.E.C.S
- Makaton
- Other (please state)

Please tick all that apply:

- | | | | |
|---|--------------------------|--|--------------------------|
| Visual impairment | <input type="checkbox"/> | Dyscalculia | <input type="checkbox"/> |
| Hearing impairment | <input type="checkbox"/> | Autistic Spectrum Disorder (ASD) | <input type="checkbox"/> |
| Disability affecting mobility | <input type="checkbox"/> | Asperger's Syndrome | <input type="checkbox"/> |
| Social and emotional difficulties | <input type="checkbox"/> | Temporary disability after illness | <input type="checkbox"/> |
| Mental health difficulty | <input type="checkbox"/> | Other physical disability | <input type="checkbox"/> |
| Moderate Learning Difficulty (MLD) | <input type="checkbox"/> | Other medical condition | <input type="checkbox"/> |
| Severe Learning Difficulty (SLD) | <input type="checkbox"/> | Other learning difficulty | <input type="checkbox"/> |
| Dyslexia | <input type="checkbox"/> | Other disability | <input type="checkbox"/> |
| Profound or Multiple Learning Difficulties (PMLD) | <input type="checkbox"/> | Speech, Language and Communication Needs | <input type="checkbox"/> |

Is there any challenging behaviour? Yes No

If yes, please describe:

Is Orchard Hill College your: 1st choice 2nd choice 3rd choice

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

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