



Orchard Hill  
College

# Orchard Hill College WorkStart Application Form

---

[www.orchardhill.ac.uk](http://www.orchardhill.ac.uk)  
0345 402 0453  
[enquiries@orchardhill.ac.uk](mailto: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  Independent living

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: .....

.....

**Please tick which course you are applying for**

Part time work related programme                       Traineeship

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

Employment                       Self employed work

Supported work

Voluntary work

**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?

.....

.....

.....

**What are your current levels for maths and English?**

.....

.....

.....

## Medical information

Doctor's name: .....

Address: .....

Telephone number: .....

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

Do you have any medical conditions? Yes  No

(If yes, please give details of your health/medical needs)

Do you have epilepsy? (If yes, please attach care plan): Yes  No

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

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

Do you have any communication difficulties? Yes  No

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

**Behavioural information**

Have you needed support with your behaviour at school, college or work?

Yes  No

If yes, please give details:

Do you have any mental health conditions/concerns? Yes  No

If yes, please give details:

Do you use any services that offer support? e.g. CAMHS, community support teams, social worker etc. Yes  No

If yes, please give details:

Care Manager/Social Worker:.....

Telephone number:.....

Email:.....

**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.**

Do you have any dietary requirements? 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:

### About you

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/college reports e.g levels/ qualifications

**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.**

Please give details about your numeracy skills

Where possible please give information from school/college reports e.g levels/ qualifications

Do you need any help with English and maths? Yes  No

If yes, please specify:

Please give details about community schemes you have taken part in e.g. The Duke of Edinburgh's Award, local travel training, youth or project schemes etc

Please give details about your work goals e.g. progressing to paid or voluntary work. What type of employment are you looking for? e.g retail, hairdressing, childcare, horticulture etc.



### Support Needs Information

Do you receive any exam concessions e.g scribe, extra time? Yes  No

If yes, please give details:

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.

**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.**

*(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 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
<input type="checkbox"/> Not known/Not provided			

Religion: .....

Any religious/cultural needs: .....

Nationality: .....

What language is spoken at home?: .....

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>

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  Currently/previously attended

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: .....

Contact number: .....

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

**Email:** [Assessments&Placements@orchardhill.ac.uk](mailto:Assessments&Placements@orchardhill.ac.uk)

**Telephone:** 0345 402 0453 **Website:** [www.orchardhill.ac.uk](http://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](http://www.orchardhill.ac.uk)

*Office use only: version 25.07.18*

[www.orchardhill.ac.uk](http://www.orchardhill.ac.uk)

0345 402 0453

[enquiries@orchardhill.ac.uk](mailto:enquiries@orchardhill.ac.uk)