

 

**Valley College**

**Application Form**

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| **Section 1 – Your Details** |
| First name(s): | Surname: |
| Middle name(s) | Date of Birth: |
| Title: | Gender:  | Nationality: |
| Address:  County: Postcode: |
| Parent/carer/advocate name(s): Mr/Mrs/Ms/Miss/Dr |
| Address: Same as Learner   Postcode: |
| Email address(es):  |
| Telephone number (home) | Telephone number (mobile) |
| Proposed entry year: | Local Authority: |
| Do you have an EHCP? | Have you enclosed a copy? |
| How did you first hear about Valley College? |

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| **Section 2 - Contacts** |
| Present school/college: Address:  Headteacher/Manager/ Principal:  Telephone number: Special school/college:  Mainstream school/college:  |
| GP: Address:      Telephone no:  | Social Worker: Address:      Telephone no:  |
| Careers Adviser: Address:     Telephone no: |  Education, Health, Care, Plan Co-ordinator: Name & address:     Telephone no:  |
| Please give details of other professionals who work with you, such as therapists, psychologists, respite services/carers, community nurse, medical consultants etc. Continue on a separate sheet if necessary. |
| Role: Name & address:     Telephone no: | Role: Name & address:     Telephone no: |

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| **Section 3 – Ethnic Origin and Religion** |
| First language: | Do you speak English? Yes No |
| What is your ethnic group? Prefer not to answerWhite: Welsh/English/Scottish/Northern Irish/British Irish  Gypsy or Irish Traveller Any other white background *(please describe)*Mixed/Multiple ethnic groups: White and Black Caribbean White and Black African  White and Asian Any other mixed/multiple background *(please describe)*Asian/Asian British: Indian Pakistani  Bangladeshi Chinese  Any other Asian background (*please describe)*Black/African/Caribbean/Black British: African Caribbean  Any other Black/African/Caribbean background (*please describe)*Other ethnic group: Arab Any other ethnic group (*please describe)*  |
| What is your religion? |

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| **Section 4 – Learning difficulty, disability and/or condition – please tick all that apply** |
| Acquired brain injury |  |
| ADHD |  |
| Anxiety |  |
| Asthma |  |
| Autism |  |
| Cerebral palsy |  |
| Developmental delay |  |
| Diabetes |  |
| Down syndrome |  |
| Dyscalculia |  |
| Dyspraxia |  |
| Dyslexia |  |
| Emotional behavioural difficulty |  |
| Epilepsy |  |
| Eating & Drinking difficulties |  |
| Essential wheelchair user |  |
| Fragile X syndrome |  |
| Genetic condition *(Name of condition)* |  |
| Hearing impairment |  |
| Impairment affecting mobility |  |
| Neurological condition |  |
| Mental Health condition |  |
| Moderate learning difficulty |  |
| Multiple/profound impairment |  |
| Scoliosis |  |
| Severe learning difficulty |  |
| Speech/language/communication difficulty |  |
| Temporary impairment *(Name of condition)* |  |
| Visual impairment |  |
| Do you receive any therapies? Yes No Speech Therapy Occupational Therapy Physiotherapy Hydrotherapy*(If yes, please give details (when, how long, where etc)* |

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| **Section 5 – Medical Information** |
| **Please bring all medical support equipment to your assessment.**  |
| Please tell us about your diagnosis/diagnoses:                |
| Please tell us about any allergies you have: |
| Please tell us what medication you take: |

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| **Section 6 – Behaviour/Conduct** |
| Do you require any support in relation to your conduct?*If yes, please give details including strategies and management plans:* |
| Can you tolerate?Large groups Crowded places Noisy placesNoisy people People being near you Participating as a group member*Please give details:* |
| Do you have an awareness of others? |
| Have you ever had input and support from your local CAMHS Team (Child and Adolescent Mental Health Services) or Learning Disability Service?*If yes, please give details:* |
| Are there any other medical care needs not mentioned elsewhere or not currently being treated which we may need to be made aware of? |

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|  **Section 7 – Walking** |
| Please bring all communication support equipment to your assessment, including: wheelchairs, walkers, splints etc. |
| Can you walk...?Independently With support I am an essential wheelchair userI use a wheelchair for long distances Do you use any of the following walking aids?Splints Orthotics Other walking aids*Please give details, including who provided these for you:*   |

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| **Section 8 – Access to the community** |
| Are you happy to go out in the community? Yes No |
| Do you travel…? Mini-bus with support Mini-bus independentlyPublic transport with support Public transport independently None *Please give details of any support you need when accessing the community:*       |

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| **Section 9 – Eating & Drinking** |
| Do you choose your meals…?  Independently With support*If you require support, please give details:*   |
| Do you have any special dietary needs? Yes No*If yes, please give details: (e.g. food sensitivity, vegetarian, gluten-free etc.)* |
| **Section 10 – Toileting** |
| Can you use a toilet…?  Independently With support*Please state the type of support required:*  |
| Do you use adaptive equipment or modification for toileting and hygiene? Yes No*If yes, please give details: (such as a raised seat, step stool and grab bars etc)*   |
| Are you continent with control of your bladder and bowels? Yes No *If no, please give details:* |
| Do you require any support while menstruating? Yes No N/A *If yes, please give details:*   |
| Is there any other care information we need to know before your assessment visit?   |

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| **Section 10 – Communication** |
| **Please bring all communication support equipment to your assessment, including: Communication aid/book and symbols/pictures etc.** |
| How do you express yourself? Verbal  Non-verbal  Sounds  Signing  Makaton BSL  Single words  Phrases  Sentences  Gestures Facial expression  Body Language  Eye contact  Objects  Symbols Pictures/photos  PECS  Speaking switch  Communication aid Voice Output Communication Aid (VOCA)*Please give details:*  |
| Do you use a communication aid?  Yes  No *If yes, please give equipment details, who it is funded by and any warranty/insurance details:*        |

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| **Section 11 – Visual impairment/sight loss** |
| **Please bring all sensory support equipment to your assessment, including: glasses, hearing aids etc.** |
| Do you have a visual impairment/sight loss? **If no, please go to section 13** Yes No |
| Description of visual impairment/sight loss: Registered: Severely sight impaired (blind)  Sight impaired (partially sighted)  Use low vision aids |
| Do you wear glasses? Yes No |
| Do you have your eyes tested every year? Yes No*If yes, please give details of the hospital or opticians:*  |

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| **Section 12 – Hearing impairment** |
| Do you have difficulty with your hearing? **If no, please go to section 14** Yes NoIf yes, are you…? Hard of hearing  Profoundly deaf Dual sensory loss  Other (*please give details)*   |
| Do you use any equipment to help you hear? Hearing aids  Right ear  Left ear Cochlea implant  Loop system  Other (*please give details)*  |
| Do you use the loop system? Yes No *If yes, please give details of whom, where and when provided the equipment and what training you have received for the equipment:*  |

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| **Section 13 - Placement goals and aspirations for your future** |
| Is there anything you cannot do now that you would like to learn to do for yourself while at Valley College?       |
| Vocational aspirations: which work-related experiences would you like to try whilst you are at Valley College? Catering  Customer service  Food preparation  Horticulture Arts and crafts  Other *(please give details)*    |
| Do you hope to move on to the world of work after Valley College?*Please tick your area of interest:* Work experience  Voluntary work  Social enterprise  Sheltered employment Supported employment  Day services  Other (*please give details)*   |
| Will you be moving on to further education or training? *Please tick your area of interest:* Attending courses at your local mainstream college  Attending adult education classes Training with a work based provider  Other (please give details)  |

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| Please provide us with the latest copies of the following (*if available*): EHCP - draft or final Certificates of accreditation (ASDAN awards etc.) Any information, plans, letter to support medical conditions Behaviour and annual school reports Any other information you feel is relevant |
| Please give any additional information you feel we should know before an assessment.   |

**Parents/carers/advocates must notify Valley College of any change in the applicant’s needs prior to entry. Failure to provide full information, or withhold information relating to an applicant’s condition or support needs, may result in the withdrawal of any offer of a place.**

**We give permission for Valley College to contact the school/college, to request reports and for these reports to be shared with relevant staff for the purposes of pre-entry assessment.**

Completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to:

College Business Lead, Valley College, Clod Lane, Haslingden, BB4 6LR

If you need assistance in completing this form, please contact the office on 01706 214640 Option 2 or email valleycollege@theviewtrust.org