



Valley College

Valley College Application Form



Valley College

Section 1 – Your Details

First name(s):

Surname:

Middle name(s)

Date of Birth:

Title:

Gender:

Nationality:

Address:

County:

Postcode:

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?

Section 2 - Contacts

Present school:

Address:

Headteacher/Manager/ Principal:

Telephone number:	
Special school: <input type="checkbox"/>	Mainstream school: <input type="checkbox"/>
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:

Section 3 – Ethnic Origin and Religion	
First language:	Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ethnic group? <input type="checkbox"/> Prefer not to answer <u>White:</u> <input type="checkbox"/> Welsh/English/Scottish/Northern Irish/British <input type="checkbox"/> Irish	

<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Any other white background <i>(please describe)</i>
<u>Mixed/Multiple ethnic groups:</u> White and Black Caribbean	White and Black African
White and Asian	Any other mixed/multiple background <i>(please describe)</i>
<u>Asian/Asian British:</u> Indian	Pakistani
Bangladeshi	Chinese
Any other Asian background <i>(please describe)</i>	
<u>Black/African/Caribbean/Black British:</u> African	Caribbean
Any other Black/African/Caribbean background <i>(please describe)</i>	
<u>Other ethnic group:</u> Arab	Any other ethnic group <i>(please describe)</i>
What is your religion?	

Section 4 – Learning difficulty, disability and/or condition – please tick all that apply	
Acquired brain injury	<input type="checkbox"/>
ADHD	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Autism	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>
Developmental delay	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Down syndrome	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>
Emotional behavioural difficulty	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Eating & Drinking difficulties	<input type="checkbox"/>
Essential wheelchair user	<input type="checkbox"/>
Fragile X syndrome	<input type="checkbox"/>
Genetic condition <i>(Name of condition)</i>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>
Impairment affecting mobility	<input type="checkbox"/>

Neurological condition	<input type="checkbox"/>
Mental Health condition	<input type="checkbox"/>
Moderate learning difficulty	<input type="checkbox"/>
Multiple/profound impairment	<input type="checkbox"/>
Scoliosis	<input type="checkbox"/>
Severe learning difficulty	<input type="checkbox"/>
Speech/language/communication difficulty	<input type="checkbox"/>
Temporary impairment <i>(Name of condition)</i>	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>

Do you receive any therapies? Yes No

Speech Therapy Occupational Therapy Physiotherapy Hydrotherapy

(If yes, please give details (when, how long, where etc))

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:

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?

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:

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:

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?

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?

- | | | | | |
|--|--|--|--|--------------------------|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Non-verbal | <input type="checkbox"/> Sounds | <input type="checkbox"/> Signing | <input type="checkbox"/> |
| Makaton | | | | |
| <input type="checkbox"/> BSL | <input type="checkbox"/> Single words | <input type="checkbox"/> Phrases | <input type="checkbox"/> Sentences | <input type="checkbox"/> |
| Gestures | | | | |
| <input type="checkbox"/> Facial expression | <input type="checkbox"/> Body Language | <input type="checkbox"/> Eye contact | <input type="checkbox"/> Objects | <input type="checkbox"/> |
| Symbols | | | | |
| <input type="checkbox"/> Pictures/photos | <input type="checkbox"/> PECS | <input type="checkbox"/> Speaking switch | <input type="checkbox"/> Communication aid | |
| <input type="checkbox"/> 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:

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 12** 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:

Section 12 – Hearing impairment

Do you have difficulty with your hearing? **If no, please go to section 13**

Yes No

If 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:

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Work experience | <input type="checkbox"/> Voluntary work | <input type="checkbox"/> Social enterprise | <input type="checkbox"/> Sheltered employment |
| <input type="checkbox"/> Supported employment | <input type="checkbox"/> Day services | <input type="checkbox"/> Other (<i>please give details</i>) | |

Will you be moving on to further education or training?

Please tick your area of interest:

- | | |
|---|---|
| <input type="checkbox"/> Attending courses at your local mainstream college | <input type="checkbox"/> Attending adult education classes |
| <input type="checkbox"/> Training with a work based provider | <input type="checkbox"/> Other (<i>please give details</i>) |

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.

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, 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:

Transitions Department, Valley College, Clod Lane, Haslingden, BB4 6LR

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