



SCHOOL OF ADDITIONAL SUPPORT FOR LEARNING - FULL TIME COURSE APPLICATION FORM

APPLICANT DETAILS

Course applied for	<input type="text"/>	Campus applied for	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
National Insurance No.	<input type="text"/>	Postcode	<input type="text"/>
Home Tel. No.	<input type="text"/>	Mobile No.	<input type="text"/>
Contact person	<input type="text"/>	Emergency Tel. No.	<input type="text"/>
School / Agency	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Position	<input type="text"/>	School / Agency emergency number	<input type="text"/>

If you are completing this on behalf of someone please give your details and contact information.

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Home Phone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Emergency Phone No.	<input type="text"/>	E-mail	<input type="text"/>

Relation to applicant:

*** It is essential to have a number we can contact, should there be an emergency***

TRANSPORT

Please tick method of transport to and from College.

Independent ☐ Taxi ☐ Other ☐

Travel contact person Phone No.

SUPPORT DETAILS

Does the student requires support around the college Yes ☐ No ☐

If yes what is the nature of this support

Who organises any support

Contact Details Phone No.

Please note the college provides generic support for all students' not individual support

Is support required in class Yes ☐ No ☐

If yes what is the nature of this support

Who organises any support

Contact Details

Phone Number

THIS SECTION SHOULD BE COMPLETED BY SCHOOL/AGENCY/SUPPORT WORKER

SUPPORT NEEDS

Please comment on the applicant's suitability for this course, detailing their strengths in learning and personal development.

Please comment on the applicant's areas for development and how this course may address these.

If this applicant has particular emotional and/or behavioural support needs, please details below.

(This information will be used to ensure that appropriate support is in place).

What additional support needs does this applicant have?

What are the strategies used to meet these needs?

If the applicant's attendance at college would represent a risk to himself/herself or to others please outline these risks on Page 5 of this document. If no risks are identified please write "no risks".

Please detail any areas of the school curriculum that this applicant finds difficult?

Has this applicant completed a work placement? If yes, did they receive a satisfactory report?

School/College attendance as a percentage

MEDICAL INFORMATION

Please tick • YES or NO to the following questions. If you answer YES to any please give full details in the space provided

1. Do you have any heart defects or disease? Yes ☐ No ☐

Details:

2. Do you have asthma? Yes ☐ No ☐

If so, when did you last have an attack?

Details:

3. Do you have epilepsy? Yes ☐ No ☐

Have you had a seizure in the last 2 years? Yes ☐ No ☐

Do your seizures occur during the day? Yes ☐ No ☐

Do your seizures occur during the night? Yes ☐ No ☐

Details:

Please describe the type of seizures you have, their frequency and when they tend to occur.

4. Do you have any allergies? Yes ☐ No ☐

Details:

5. Do you have any skin problems? Yes ☐ No ☐

Details:

6. Do you have a visual impairment? Yes ☐ No ☐

Do you wear spectacles? Yes ☐ No ☐

Further details:

7. Is your speech impairment? Yes ☐ No ☐

If not,

Do you have a minor impairment? Yes ☐ No ☐

Further details:

8. Do you have any hearing problems? Yes ☐ No ☐

If so,

Do you wear a hearing aid? Yes ☐ No ☐

Details:

9. Do you have diabetes? Yes ☐ No ☐

Details:

10. Do you have any mobility problems? Yes ☐ No ☐

Details:

11. Can you walk reasonable distances? Yes ☐ No ☐

Details:

12. Are you on regular medication? Yes ☐ No ☐

If so, please give details here:

13. Is there any other medical information not covered Yes ☐ No ☐

by the above which we should know about?

If so, please give details:

14. Please use this space to give full details of any condition or support required not already stated.

Date: Form Completed By:

Relationship to Student:

Has the applicant received a Bursary or EMA before? Yes ☐ No ☐

Please use this sheet to supply any information not covered in the application form or to give more details regarding your support needs.

DISABILITIES: please tick all that apply...

No known disability

- | | | | | | |
|--------------------------------|--------------------------|---|--------------------------|----------------------------|--------------------------|
| A specific learning difficulty | <input type="checkbox"/> | A social/communication impairment | <input type="checkbox"/> | A long standing illness | <input type="checkbox"/> |
| A mental health condition | <input type="checkbox"/> | A physical impairment or mobility issue | <input type="checkbox"/> | Deaf or hearing impairment | <input type="checkbox"/> |
| Blind or visual impairment | <input type="checkbox"/> | Other impairment not listed above | <input type="checkbox"/> | Personal care support | <input type="checkbox"/> |
- A specific learning difficulty such as Downs syndrome ☐

Ethnic Origin *

- | | | | | | |
|---|--------------------------|---------------------------------|--------------------------|---------------------------|--------------------------|
| 10 - White Scottish | <input type="checkbox"/> | 11 - White English | <input type="checkbox"/> | 12 - White Welsh | <input type="checkbox"/> |
| 13 - White Irish | <input type="checkbox"/> | 14 - Any other white background | <input type="checkbox"/> | 15 - Any mixed background | <input type="checkbox"/> |
| 16 - Indian, Indian Scottish or Indian British | | | <input type="checkbox"/> | | |
| 17 - Pakistani, Pakistani Scottish or Pakistani British | | | <input type="checkbox"/> | | |
| 18 - Bangladeshi, Bangladeshi Scottish or Bangladeshi British | | | <input type="checkbox"/> | | |
| 19 - Chinese, Chinese Scottish or Chinese British | | | <input type="checkbox"/> | | |
| 20 - Any other Asian background | | | <input type="checkbox"/> | | |
| 21 - Caribbean, Caribbean Scottish or Caribbean British | | | <input type="checkbox"/> | | |
| 22 - African, African Scottish or African British | | | <input type="checkbox"/> | | |
| 23 - Other Black background | <input type="checkbox"/> | 24 - Any other background | <input type="checkbox"/> | 30 - White Northern Irish | <input type="checkbox"/> |
| 31 - White British | <input type="checkbox"/> | 32 - Gypsy / Traveller | <input type="checkbox"/> | 33 - White Polish | <input type="checkbox"/> |
| 34 - Arab | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |

Sexual Orientation *

- | | | | | | |
|----------------|--------------------------|-----------|--------------------------|---------------------|--------------------------|
| 1 Heterosexual | <input type="checkbox"/> | 2 Gay Man | <input type="checkbox"/> | 3 Gay Woman/Lesbian | <input type="checkbox"/> |
| 4 Bisexual | <input type="checkbox"/> | 5 Other | <input type="checkbox"/> | 6 Prefer not to say | <input type="checkbox"/> |

Religion *

- | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|
| 1 - None | <input type="checkbox"/> | 2 - Christian/Protestant | <input type="checkbox"/> | 3 - Roman Catholic | <input type="checkbox"/> |
| 4 - Other Christian | <input type="checkbox"/> | 5 - Muslim | <input type="checkbox"/> | 6 - Buddhist | <input type="checkbox"/> |
| 7 - Sikh | <input type="checkbox"/> | 8 - Jewish | <input type="checkbox"/> | 9 - Hindu | <input type="checkbox"/> |
| 10 - Another religion or body | <input type="checkbox"/> | 11 - Prefer not to say | <input type="checkbox"/> | | <input type="checkbox"/> |

Do you have caring responsibilities? Yes ☐ No ☐

Are you in care or have you left care within the last 5 years? Yes ☐ No ☐

The safety and wellbeing of students and staff is of paramount importance. In order to provide the appropriate support, it is essential that the college is provided with full and accurate information about the applicant.

The Scottish Government Partnership Matters (revised 2009) document highlights the requirement for agency/school staff to “disclose issues which may have implications for the health and safety or wellbeing of the individual being supported, other learners or staff”. Please note that failure to disclose any relevant information may result in the offer of the place being withdrawn

Signature: Date:
(of person completing the form)