



Education Application Form

Name of Applicant: _____

Date of Birth					National Insurance No								
Gender				Religion				Ethnicity					
Proposed Start Date						Date of Application							
Type of placement required		Education Residential				52 Weeks per annum		38 Weeks per annum					
		Education Day											
Parent/Guardian													
Name													
Address													
Postcode													
Telephone								Mobile					
Email													
Current School						Current Respite or Care Provision							
Name						Name							
Address						Address							
Postcode						Postcode							
Telephone						Telephone							
Email						Email							
Contact Name						Contact Name							
Type of Provision				EHCP review Date:				Type of Provision					
"Connexions" or Equivalent Contact						Social Services Contact							
Name						Name							
Address						Address							
Postcode						Postcode							
Telephone						Telephone							
Email						Email							

About You			
Diagnosis			
	Any impairment (Please state)	How this impacts on your life	
Vision			
	Any impairment (Please state)	How this impacts on your life	
Hearing			
	Any Difficulties	Methods (verbal, signs, gestures etc)	How this impacts on your life
Communication			
	Any Difficulties	How this impacts on others' lives	How this impacts on your life
Behaviour Difficulties			

	Any Difficulties	How this impacts on your life
Physical		

Physical

Physical	Wheelchair Dependent		Able to Weight Bear	
	Wheelchair User		Ambulant	

Specialist equipment required e.g. hoists, sleep systems, standing frames

Physical

	Outline of difficulties	How this impacts on your life
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Any Additional Difficulties (Epilepsy, medical etc)		
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About You

Tell us a little about yourself (likes, dislikes, hobbies etc)

Why do you want to come to CCL

Why do you want to come to CCL

What help do you think you will need when at CCL

What kind of things would you like to do at CCL (Education and Leisure)

Transition

What would you like to achieve as an outcome of your College placement

What are your hopes, aspirations and ambitions for your life after you have finished your structured education?

Mental Capacity Act

Has your legal capacity to make big decisions e.g. where to live and whether to apply to Condover College Ltd been assessed? If so by whom and what was the outcome?

Have you made any advance decisions regarding your medical treatment and your health or has any legally appointed representative made them for you? If so what are they and who made them?

Is there anything else you would like to tell us to help us assess your application?

Is an escort required for travelling in a vehicle?

**I have completed this form in consultation with the applicant and in their best interest.
I confirm that it is in their best interest to apply for a place at Condover College.
I hereby consent to CCL obtaining information in relation to this application for a placement.**

Signed _____ Dated _____

Name _____ Relationship to Applicant _____