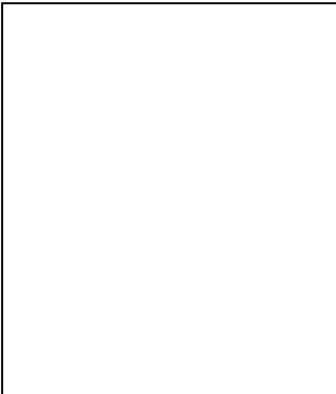


Please place photograph of learner here



**Aurora Centre
APPLICATION FORM
Personal and Healthcare Needs**
(Information supplied by prospective learner/parent/carer)

Learner's name:

Current School: (Please state if not in education)

Local Authority:

Name of person helping you to complete this form (please state your relationship)

.....

Place required from:

Please return to
Janette Flexman
Aurora Centre
South Thames College
Merton Campus
London Road
Morden SM4 5QX
Tel: 020 8408 6536
Email: janette.flexman@south-thames.ac.uk

CONTACT DETAILS

Contact Information:

Learner's name:
Likes to be known as:..... Date of Birth:
Address:.....
.....
Post Code: Gender: Male / Female
Telephone No: (Home): (Mobile):
E-mail address:

GP Contact:

Doctor's Name:
Address:
.....
Post Code:
Telephone No:

Next of Kin:

Name:
Address:.....
.....
Post Code:
Telephone No: (Home): (Mobile):
E-mail address:

Religious/Cultural Needs:

Please indicate details of any specific personal needs

I have a specific faith: Yes No

If Yes, please state which faith group you belong to:

Medical Exemption No:

National Insurance No:

Social Worker:

Name:

Address:.....

.....

Post Code:

Telephone No: (Office): (Mobile):

E-mail address:

Connexions Advisor:

Name:

Address:.....

.....

Post Code:

Telephone No: (Office): (Mobile):

E-mail address:

MEDICAL INFORMATION

Diagnosis:

.....

Medication Prescribed:	How is this taken?		
	Orally	Rectally	Self-medicated
1.			
2.			
3.			
4.			
5.			
6.			

Allergies/Drug Sensitivity (eg foods, pollen, animals or latex):
1.
2.
3.

THERAPISTS

Do you have any therapies? If so, please give brief details	
YES/NO	
	Physiotherapy:
	Occupational:
	Speech and Language:
	Psychologist:
	Other:

MEDICAL HISTORY

Do you have a history of any of the following?	
Please indicate in boxes YES or NO	
If YES please give details below	
YES/NO	
	Epilepsy:
If Yes:	How often do you have a seizure:
	How long do the seizures last:
	Do you recognise when you are going to have a seizure? (Please give brief details)

YES/NO	If yes, please give details below:
	Diabetes:
	Heart Problems:
	Mental Health Problems:
	Depression/Anxiety:
	Asthma:
	High Blood Pressure:
	Eating Disorders:
	Breathing Difficulties (eg Tracheotomy, Oxygen, Restriction or Repeated Chest Infections):

Please provide FULL DETAILS of the above:.....

Additional Information (including any further medical/therapy involvement)

Please include any relevant contact details:

COMMUNICATION SKILLS

What things help you understand people's speech?

Eg: Makaton signing, photos, objects etc

How do you express yourself?

Please give details

Speech

Signing/Non Verbal

Communication aid(s)

Do you receive Speech and Language Therapy?

YES

NO

If yes, please provide Speech and Language Therapist's Name:.....

HEARING

Do you have hearing problems?

YES

NO

If yes, please provide details:

VISION

Do you wear glasses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so when do you need to wear them?.....		
Do you have any other visual difficulties (eg colour blind)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details:.....		

MOVING: HANDLING AND MOBILITY

Do you have any mobility difficulties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details.....		
Do you use any special equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details		

SENSORY NEEDS

Do you have any sensory sensitivities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details		
Do you have a sensory diet provided by an Occupational Therapist (OT)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you use any sensory equipment regularly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details		

PERSONAL CARE

Do you require any assistance with personal care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide details		

EMOTIONAL WELL BEING

Emotional Issues

We would be grateful if you would provide us with any information about your emotional wellbeing that may help us to help you whilst at South Thames College, eg behaviour that may challenge, anxiety, depression, self-harm, vulnerability, bullying, etc

If yes, please provide details

.....

.....

.....

.....

.....

COUNSELLING

If you have received any counselling or other professional psychological support we would be grateful if you would provide us with any information that is relevant to this application and you are happy to divulge.

.....

.....

.....

.....

.....

.....

OTHER INFORMATION

Why do you want to come to South Thames College?

.....
.....
.....

Please tell us about the hobbies and interests you enjoy with vocational areas you are interested in:

.....
.....
.....

EDUCATIONAL ATTAINMENT

Please give details below

P-Levels:

Milestone Levels:

Accreditation:

ASDAN:

GCSE:

Other:

The above information is strictly confidential and not for general circulation.

HOW WE USE YOUR PERSONAL INFORMATION

The personal information you provide is passed to the Chief Executive of Skills Funding “the Agency”) and, when needed, the Department for Education, including the Education Funding Agency (“the EFA”) to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency’s Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>

<http://www.learningrecordsservice.org.uk/documentlibrary/documents/Code+of+Practice+Sharing+of+Personal+Information.htm>

Please tick*

Please tick*

WHITE		MIXED	
British		White & Black Caribbean	
Irish		White & Black African	
Other British		White & Asian	
		Other Mixed	
ASIAN OR ASIAN BRITISH		BLACK OR BLACK BRITISH	
Indian		Caribbean	
Pakistani		African	
Bangladeshi		Other Black	
Other Asian			
CHINESE OR OTHER ETHNIC GROUP			
Chinese			
Other Ethnic Group			

* The College operates a rigorous Equal Opportunities Policy and response to this question does not affect in any way the selection process

Signed:

Status:

Date: