

**STUDENT APPLICATION FORM**

**Instructions:**

***Electronic completion***

**Please click in the grey text-entry boxes and enter all the required information. The box will expand to fit the text you enter. Please save your file, close and return by e-mail to the address shown at the end of the form.**

***Handwritten completion***

**Please print the form, complete all the required information and post to the address shown at the end of the form.**

**Application Form**

**Personal Details**

|  |  |
| --- | --- |
| **First name:**  | **Surname:**  |
| **Date of Birth:**  | **Gender:**  |
| **Address:**    **Postcode:**  |
| **National Insurance No:**  | **E-mail:**  |
| **Telephone:**  | **Mobile:**  |

**Parent / Guardian Details Details**

|  |  |
| --- | --- |
| **Mother / Guardian name:** | **Father / Guardian name:** |
| **Address:**   **Postcode:**  | **Address:** **(If different)**  **Postcode:**  |
| **Telephone:**  | **Telephone:**  |
| **Mobile:**  | **Mobile:**  |
| **E-mail:**  | **E-mail:**  |
| **Correspondence to be sent to both parents / guardians:** [ ]  **Yes** [ ]  **No****If no, who should correspondence be sent to?**  |

**Social Worker Details**

|  |
| --- |
| **Care Manager / Social Worker name:**  |
| **Address:**   **Postcode:**  |
| **Telephone:**  | **Mobile:**  |
| **E-mail:**  | **Mobile:**  |

**Additional information**

**Do you wish to be considered for residential accommodation?**

[ ]  **Yes** [ ]  **No****Comments:**

**Have you discussed your application with your Social Worker/Care Manager?**

[ ]  **Yes** [ ]  **No****Comments:**

**Has funding been approved by your Social Worker/Care Manager to attend Cantraybridge?**

[ ]  **Yes** [ ]  **No****Comments:**

**Are you in receipt of any benefits ie ESA/DLA (please give details).**

[ ]  **Yes** [ ]  **No****Comments:**

**Medical contact details**

|  |  |
| --- | --- |
| **Emergency contact name:**  | **Telephone:**  |
| **Address:**   **Postcode***:* | **Mobile:** **E-mail:**  |

|  |  |
| --- | --- |
| **General Practitioner name:**  | **Telephone:**  |
| **Address:**   **Postcode:**  | **Mobile:** **E-mail:**  |

**Medical contact (contd)**

|  |  |
| --- | --- |
| **Hospital consultant name:**  | **Telephone:**  |
| **Address:**   **Postcode:**  | **Mobile:** **E-mail:**  |

**Medication details**

|  |  |  |
| --- | --- | --- |
| **Medical condition being treated:** | **Medication name and dosage** | **Time medication taken** |
| **1.**  |  |  |
| **2.**  |  |  |
| **3.**  |  |  |
| **4.**  |  |  |

**Do you need help to take your medication?**

[ ]  **Yes** [ ]  **No****Comments:**

**What is your main disability and/or learning difficulty?**

**Do you have any additional disability?**

[ ]  **Yes** [ ]  **No****Comments:**

**Please detail any specific health issues.**

**Do you have any health protocols which should be followed? (eg epilepsy, diabetes)**

[ ]  **Yes** [ ]  **No****Comments:**

**Do you have any allergies?**

[ ]  **Yes** [ ]  **No****Comments:**

**Do you have any phobias?**

[ ]  **Yes** [ ]  **No****Comments:**

**Do you have any special dietary requirements?**

[ ]  **Yes** [ ]  **No****Comments:**

**Do you have an up-to-date tetanus?**

[ ]  **Yes** [ ]  **No****Comments:**

**Learner support details**

**For visually and auditory impaired applicants, communication and access:**

**How do you access information?**

[ ]  **Print** [ ]  **Braille**[ ]  **Audio**[ ]  **Large print** [ ]  **other (please specify)**

**Do you use specialised hardware (eg computer / alternative keyboard)?**

[ ]  **Yes** [ ]  **No****Comments:**

**Do you use specialist software?**

[ ]  **Yes** [ ]  **No****Comments:**

**Do you use any other support / communication (eg BSL)?**

[ ]  **Yes** [ ]  **No****Comments:**

**Additional support details**

**Information you give will help us to ensure that the additional support you may need to achieve your learning goals is provided.**

**What help or support needs do you have due to your disability?**

**What help or support needs do you have due to your disability?**

**What help or support do you have with your mobility?**

**Are you a wheelchair user?**

[ ]  **Yes** [ ]  **No****Comments:**

**Do you require assistant with toileting?**

[ ]  **Yes** [ ]  **No****Comments:**

**What support do you need in college?**

**Do you already see any of the following? (Please select any that apply)**

[ ]  Physiotherapist

[ ]  Psychologist

[ ]  Community Learning Disability Nurse

[ ]  Speech & Language Therapist

[ ]  Counsellor

[ ]  Community Psychiatric Nurse

[ ]  Other (please specify)

**Is there any other information you would like us to know?**

**Progress monitoring**

To help monitor students’ development, to ensure we offer the best outcome for each student; we use a method of reporting called the ‘Outcome Star’. The following questions will gives us a baseline view to allow progress to be monitored and guided.

**Money: On a scale of 1 to 10 (where 1 is needing a lot of help and 10 is managing well), how well do you think you manage with money, letters and forms?**

**Living Skills: Do you need a lot of help with things like shopping, travelling, getting dressed, cooking and personal hygiene, or are these things that you can manage yourself?**

**Communicating & people you know: What communication support do you currently need and is this different for people you know to people you don’t know?**

**Feeling good: Do you find it easy or difficult to make sure that you are doing things that make you feel happy?**

**How you spend your time: What new skills have you learnt recently and which of these are especially important to you?**

**Being safe and responsible: On a scale of 1 to 10 (where one is needing a lot of help and ten is needing no help), how would you rate your ability to be responsible for your own actions and knowing how to keep yourself safe?**

Application Form Completed by:

Date:

**End of application Form**

**Completed applications forms should be returned to:-**

Business Support

Cantraybridge

3 Cantray Square or e-mailed to admin@cantraybridge.co.uk

Croy

Inverness-shire

IV2 5PP

***For official use only:***

|  |  |
| --- | --- |
| **Initial Visit Undertaken** |  |
| **Up to 5 day trial complete** |  |
| **Date became permanent student** |  |
| **Funding Approved** |  |

**PUBLICTY CONSENT FORM**

From time to time pictures and/or videos may be used in our Cantraybridge publications, on Cantraybridge website and social media.

**Conditions of use:**

* We will not use personal details or full names (first and surname) of any persons in any materials.
* We will not include personal e-mail or postal addresses, telephone or fax numbers in any materials.
* Images will all be of an appropriate nature in line with the intended purpose of the material produced e.g. for publicity or promotion.
1. May we use your photograph or video in the Cantraybridge prospectus and other printed publication that we produce for promotional purposes, or on project display boards, etc.?

 Yes No

1. May we use your photograph or moving image on website?

 Yes No

1. May we record/use your image on video on our social media?

 Yes No

**I have read and understand the conditions of use attached to this from.**

Signature: …………………………

Name (block capitals please): ………………………..

Date: …………………………