

Orchard Hill College WorkStart Application Form

www.orchardhill.ac.uk
0345 402 0453
enquiries@orchardhill.ac.uk



Year applied for:

First name:

Surname/Family name:

Gender: Male Female Date of Birth:

Address:

Residential care Supported living Family home Independent living

Do you have an EHCP? (please provide a copy) Yes No

Local Authority:

Home telephone number:

Mobile phone number:

Email address:

National Insurance number:

Country where you normally live (country of domicile)

Have you lived in the UK/EU/EEA for the last 3 years? Yes No

IF NOT: date of entry into UK

Date due to leave UK

Currently at: School College Day Centre Other

School/College/Day Centre name:

Parent/Carer name:

Relationship to applicant:

Address (if different from above):

Telephone number:

Emergency contact (if different from parent/carer):

Relationship to applicant:

Telephone number:

Address:

.....

Please tick which course you are applying for

Part time work related programme Traineeship

What do you hope the College course will help you do when you leave?

Employment Self employed work

Supported work Apprenticeship

Voluntary work

Are you currently employed?

Yes No

If yes, do you work less than 16 hours a week (and earn less than £330 per month)?

Yes No

Do you have a full Level 2? (BTEC First Diploma or equivalent or 5 A* to C GCSEs)

Yes No

What qualifications do you have?

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What are your current levels for maths and English?

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.....

Medical information

Doctor's name:

Address:

.....

.....

In order for us to process your application and assess your needs, we may need to contact external agencies such as educational establishments, medical professionals or similar third party agencies. Permission to contact: Yes No

Do you have any medical conditions? Yes No

(If yes, please give details of your health/medical needs)

Do you have epilepsy? (If yes, please attach care plan): Yes No

Do you have any difficulties with vision or hearing?: Yes No

(If yes, please give contact information for any support services)

Do you have any communication difficulties? Yes No

e.g. speech, signs, vocalisations, facial expressions, pictures/symbols

Behavioural information

Have you needed support with your behaviour at school, college or work?

Yes No

If yes, please give details:

Do you have any mental health conditions/concerns? Yes No

If yes, please give details:

Do you use any services that offer support? e.g. CAMHS, community support teams, social worker etc. Yes No

If yes, please give details:

Care Manager/Social Worker:

Telephone number:

Email:

If you have marked 'Yes' to any of the above, please send in copies of any guidelines, support plans and risk assessments with this form.

Do you have any dietary requirements? Yes No

If yes, please give details:

Do you have any mobility difficulties or falls? Yes No

If yes, please tell us about how you move and any details about any help that you need:

About you

Do you have any hobbies or interests?

Please give details e.g. art, music, ICT

Please give details about your literacy skills

Where possible please give information from school/college reports e.g levels/ qualifications

If you have marked 'Yes' to any of the above, please send in copies of any guidelines, support plans and risk assessments with this form.

Please give details about your numeracy skills

Where possible please give information from school/college reports e.g levels/ qualifications

Do you need any help with English and maths? Yes No

If yes, please specify:

Please give details about community schemes you have taken part in e.g. The Duke of Edinburgh's Award, local travel training, youth or project schemes etc

Please give details about your work goals e.g. progressing to paid or voluntary work. What type of employment are you looking for? e.g retail, hairdressing, childcare, horticulture etc.

Support Needs Information

Do you receive any exam concessions e.g scribe, extra time? Yes No

If yes, please give details:

What level of support do you currently have?

| | 1:1 at all times | 1:1 most of the time | 2:1 all/most of the time | 2:1 some of the time | Other (please specify) |
|--------------------|------------------|----------------------|--------------------------|----------------------|------------------------|
| In school/ college | | | | | |
| In the community | | | | | |

What type of learning environment would you prefer? e.g. small/large group, quiet/lively group, male/female staff preference

Do you have any risk assessments or support plans currently in place?

In the interests of safeguarding, please bring these documents with you to interview.

If you have marked 'Yes' to any of the above, please send in copies of any guidelines, support plans and risk assessments with this form.

(If you are unclear as to which boxes to tick, please feel free to discuss with us).

Do you consider yourself to have a learning difficulty? Yes No

If Yes, please tick relevant box:

| | | | |
|---|--------------------------|----------------------------------|--------------------------|
| Moderate Learning Difficulty (MLD) | <input type="checkbox"/> | Autistic Spectrum Disorder (ASD) | <input type="checkbox"/> |
| Severe Learning Difficulty (SLD) | <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> |
| Profound or Multiple Learning Difficulties (PMLD) | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Do you have any other support needs? Yes No

Do you consider yourself to have a disability? Yes No

If Yes, please tick relevant box:

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Disability affecting movement | <input type="checkbox"/> Medical conditions |
| <input type="checkbox"/> Behaviours which challenge | <input type="checkbox"/> Mental ill health | <input type="checkbox"/> Eating, drinking or swallowing disorders | <input type="checkbox"/> Epilepsy |

Any other support needs, please state:

Ethnic Origin (Please tick relevant box)

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> Asian or any other Asian |
| <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Black, Black British or any other Black background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed White Asian | <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Mixed - any other Mixed background |
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> White - any other background | <input type="checkbox"/> Any other |
| <input type="checkbox"/> Not known/Not provided | | | |

Religion:

Any religious/cultural needs:

Nationality:

What language is spoken at home?:

The College will access your Personal Learning Record (PLR) to confirm the qualifications stated. Please put an X in the box to confirm you give our team permission to access your PLR on your behalf.

Further information about the Personal Learning Record and the Skills Funding Privacy Notice are available at: <https://www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents>

How did you hear about Orchard Hill College?

Local Authority LD Advisor Open Day School

Local/national press Website Social Media

Word of mouth/recommendation Currently/previously attended

Signed: Date:

Completed by:

Please send to:
Placements Team
Orchard Hill College
Quadrant House
Sutton
SM2 5AS

Email: Assessments&Placements@orchardhill.ac.uk

Telephone: 0345 402 0453

Website: www.orchardhill.ac.uk

Twitter: @OHC_College

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