** ADMISSIONS ENQUIRY FORM**

**Please complete and return to:**

**Admissions, Derwen College, Oswestry, Shropshire SY11 3JA Tel: 01691 661234**

 **e-mail: admissions@derwen.ac.uk**

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|  | **APPLICANT’S DETAILS**  |
|  |  |
| **Full *official* name**Preferred name |  |
| **Date of birth**  |  | **Gender identification** |  |
| **Primary Disability**  |  | **Secondary** **Disability/ies**  |  |
| **Proposed year of entry** |  |
| **Address**  |  |
| **Contact number(s)** | **Landline:**Mobile: |
| **Email Address**  |  |
| **Current place of Education** |  | **Funding Local Authority** |  |
| **Careers/Personal Advisor**  | **Name:** **Email:**  |
| **Social Worker** | **Name:** **Email:**  |
| **What type of provision do you want?****(***please circle/highlight):* | **Residential or Day** **Full time or Part time (minimum of 3 days - day only)**  |

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| **Which site and course are you interested in:** *(Please circle or highlight)* |
| **Walford**  | **Work and Independence****Supported Internship** *(This study programme can be accessed after successful completion at Derwen College prior to consideration for this programme.)* |
| **Ludlow** | **Work and Independence****Supported Internship** *(This study programme can be accessed after successful completion at Derwen College prior to consideration for this programme.)* |
| **Telford**  | **Work and Independence****Supported Internship** *(This study programme can be accessed after successful completion at Derwen College prior to consideration for this programme.)* |
| **Main Campus (Gobowen)** | **Horticulture****Retail and Enterprises****Hospitality & Food****Performing Arts****Learning for Life****Nurture** *(A bespoke programme for young people with PMLD or CLD - profound and multiple learning disabilities / complex learning disabilities)***Springboard** (*This programme is Social Care funded and accessible only after time spent on a Study Programme at Derwen College and in line with college assessment)***Supported Internship** *(This study programme can be accessed after successful completion at Derwen College prior to consideration for this programme.)* |
| **Where did you find out about us?**  |  |
| **Have you visited us before? If so when and have you undertaken any assessments previously?**  |  |
| **Name of person filling in this form/making enquiry**  |  |
| **Relationship to applicant**  |  |

**Please tell us more about yourself. Continue on a separate sheet if necessary**

* Do you need communication support? If yes, please give brief details.
* Do you need therapeutic input (SALT, OT, Physio, Psychological)? If yes, please give brief details.
* If you have a visual or mobility impairment, how does this restrict your ability to access the environment?
* Do you have a mental health difficulty (including anxiety)? If yes, please give brief details.
* If you display any behaviours of concern including verbal and physical aggression, absconding or wandering, damaging of property, please give details of triggers, frequency, duration and intensity of behaviour with an explanation of how episodes are resolved.
* How does your behaviour impact on others and put others or property at risk?
* Describe any restrictive practices (inc. restraint) that have been used – this includes confiscation of phone, games, money, restrictions on movement etc?
* Detail any involvement you have had with the police over an incident or concern?
* Have you ever been excluded or withdrawn from education placement? If yes, please give brief details.
* Has a future work area or work interest been identified for you? If yes, please give brief details.
* What level of support (staff:student ratio) is provided in your current education placement?
* What level of support (staff:student ratio) do you need at other times such as social and leisure activities?
* Have you had a social care assessment?
* What level of supervision, support or assistance do you need to carry out personal care and hygiene tasks?
* Have you got any medical condition that requires intervention (e.g. epilepsy)? Please describe the frequency of episodes, the duration and intensity of events.
* Do you have allergic reactions or intolerances for food items or environmental factors. Tell us about them.
* Are you aware that Derwen College is an **open campus** and while we have robust safeguarding procedures and practices, there is no continuous fence or locked external gates?

It would be helpful if you could supply the latest EHCP or IDP available and Social Care Assessments along with an Annual Review.

When we move the process on to the next stage, we will be asking for these documents with additional reports for relevant therapeutic and other professional input as appropriate.

Thank you for your enquiry to Derwen College. Please note, if relevant information is not brought to the College’s attention during the Admissions process the result could be early termination of the application or placement.

**Signing this enquiry form gives Derwen College implied consent to contact schools and other professionals for information, and for the information relating to this application and assessment to be shared with relevant people and organisations in support of the enquiry.**

For further information on taking and retention of personal data please see our Privacy Statement at <https://www.derwen.ac.uk/privacy-policy/> or write/email for a copy to be sent to you.

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| **Please sign below to acknowledge this document is a full and accurate record** |
| **If you, the applicant, has completed this application form:**Please sign below to acknowledge this document is a full and accurate record. | Applicant signature:Print Name: |
| **This form has been completed on behalf of the applicant, by a third party who does not hold Lasting Power of Attorney or a Court Appointed Deputyship:**I have discussed this form with the applicant. They have given their consent for me to sign this form on their behalf. Consent was given freely.Derwen College has a responsibility under GDPR to ensure the applicant has given consent for you to complete this application form. Please complete the following: | Signature(s):Print name(s):Time, date and place of consent: |
| **This form has been completed on behalf of the applicant, by a third party who holds either Lasting Power of Attorney or a Court Appointed Deputyship:**Derwen College has a responsibility under GDPR to ensure the applicant has given consent for you to complete this application form. Please complete the following:**Please provide documentation to support that you hold this.** | Signature(s):Print name(s):Time, date and place of consent: |