Please complete and return to:

Student Admissions

Please attach your photo here

Coleg Elidyr

Elidyr Communities Trust

Rhandirmwyn

Llandovery

Carmarthenshire

SA20 0NL

Tel: 01550 760400

Fax: 01550 760331

e-mail: admissions@elidyrct.ac.uk

|  |  |
| --- | --- |
| **Proposed date of entry:** |  |
| **Name of person filling in this form:** |  |
| **Relationship to applicant:** |  |
| **Applicant’s Details** |
| **Full Name:** |  |
| **Address:** |  |
| **Telephone number:** |  | **Mobile number:** |  |
| **Date of Birth:** |  | **M/F** |  |
| **Place of Birth:** |  | **National** **Insurance No.:** |  |
| **Religious Beliefs:** |  |

|  |
| --- |
| **Primary Contact Details** |
| Who is the primary contact in case of emergency? |
| Name | Telephone numbers |
|  | **Home:** |
| **Work:** |
| **Mobile:** |
| **Other alternative,** e.g. neighbours, grandparents, etc. |

|  |
| --- |
| **Home & Family**  |
| It is helpful to have an understanding of the family circumstances of the applicant, e.g. parents are divorced/separated but both parties wish to receive correspondence. Please give us any information you think we need to know. |
| **Title**(Mr, Mrs, Miss, etc.) | **First Name** | **Surname** | **Address** As applicant? **yes** or **no**If no, please fill in details. |
|  |  |  | 🕿**e-mail:** |
| **Relationship to applicant**(e.g. mother, stepfather, guardian, etc.) | **Occupation** |
|  |  |
| **Title**(Mr, Mrs, Miss, etc.) | **First Name** | **Surname** | **Address** As applicant? **yes** or **no**If no, please fill in details. |
|  |  |  | 🕿**e-mail:** |
| **Relationship to applicant**(e.g. mother, stepfather, guardian, etc.) | **Occupation** |
|  |  |
| **Title**(Mr, Mrs, Miss, etc.) | **First Name** | **Surname** | **Address** As applicant? **yes** or **no**If no, please fill in details. |
|  |  |  | 🕿**e-mail:** |
| **Relationship to applicant**(e.g. mother, stepfather, guardian, etc.) | **Occupation** |
|  |  |
| **Brothers & Sisters** |
| **Name** | Date of Birth | M/F | Learning Disability? |
| 1. |  |  | Yes ❒ No ❒ |
| 2. |  |  | Yes ❒ No ❒ |
| 3. |  |  | Yes ❒ No ❒ |
| 4. |  |  | Yes ❒ No ❒ |
| 5. |  |  | Yes ❒ No ❒ |

|  |
| --- |
| **Professional Contacts**  |
| **Careers/Personal Adviser****Name:** |  |
| **Address:****🕿****e-mail:** |  |
| **Social Worker****Name:** |  |
| **Address:****🕿****e-mail:** |  |
| **Other – Psychologist / Psychotherapist / Psychiatrist Name:** |  |
| **Address:****🕿****e-mail:** |  |
| **Clinical Diagnosis**  |
| Please give details:Any further information – e.g. unconfirmed diagnosis of autism, autistic traits  |
| **Learning Disabilities** |
| How does the clinical diagnosis impact on the applicant? (Please describe abilities, needs and behaviours). |
|  |

|  |
| --- |
| **Education & Training** |
| Has the applicant ever been excluded from school? | Yes ❒ No ❒ | If ‘**yes’**, on what grounds? |
| School or college currently attended |
| **Name:** |  |
| Type: **(e.g. mainstream, LD)** |  |
| **Headteacher/****Contact person:** |  |
| **Address:** |  |
| **🕿** |  |
| **Start date:** |  | **Leaving date?** |  |
| **Current Level and Type of Support** | Please detail how much support the applicant receives and who delivers this support. |
| We would like to contact the applicant’s current school. Please sign below to confirm you are happy for us to do so.Name: ......................................................................................... Applicant/Parent/Guardian (please delete as appropriate)Signature ..................................................................................... |
|  |

|  |
| --- |
| Previous schools |
| **Name:** |  |
| Type: **(e.g. mainstream, LD)** |  |
| **Address:****🕿** |  |
| **From:** | **To:** |  |
| **Name:** |  |
| Type: **(e.g. mainstream, LD)** |  |
| **Address:****🕿** |  |
| **From:** | **To:** |  |

|  |
| --- |
| **Destination**  |
| What are the applicant’s hopes and aspirations for his/her future? Please tick all those that are relevant  | Supported Living ❒ Residential Placement ❒Home with Family ❒ Other? ❒...................................... |

|  |
| --- |
| **For Welsh applicants only:** |
| 1.a) Does the applicant speak Welsh ? b) Is this as a first or second  language? |  |
| 2. Will the applicant require Welsh  speaking support or resources? |  |

**SA47 0PZ**

|  |
| --- |
| ***Declaration*** *(by person responsible for application): To the best of my knowledge, the information submitted on this form is correct and accurate. I am aware that failure to reveal relevant information could result in the early termination of placement.* |
|  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Elidyr Communities Trust promotes equal opportunities for all****.*

Confidential Information relating to an individual’s disability is classified as sensitive personal data.

Information given in this form will be controlled under data protection legislation and will be used for the personal records of the applicant. The information provided will be processed both manually and electronically for these purposes.

The information provided may need to be shared with other agencies e.g. medical professionals and those involved in the care of the student (house managers, tutors etc..).

If there is any individual or organisation (including the person cared for) that you prefer us not to share this information with, your wishes will be respected. Please list any below:

Name Address Agency

**Declaration**

I understand that the information given in this application form may be shared with others with my consent.

Signature of Student: ……………………………………………….. Date: …………………………

Signature of Parent/Guardian: …………………………………….. Date: ………………………….