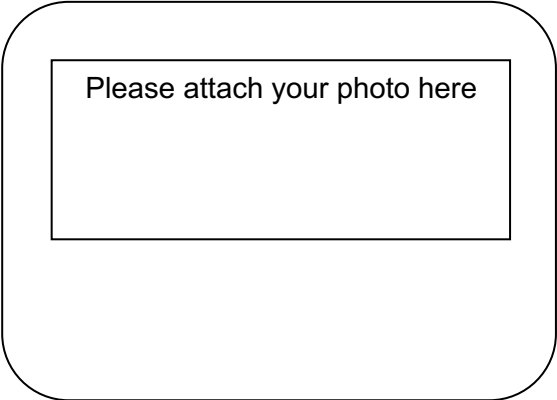


INITIAL APPLICATION FORM
Coleg Elidyr - Part of Elidyr Communities Trust
PRIVATE AND CONFIDENTIAL

Please complete and return to:
 Admissions
 Coleg Elidyr
 Elidyr Communities Trust
 Rhandirmwyn
 Llandoverly
 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 <small>(Mr, Mrs, Miss, etc.)</small>	First Name	Surname	Address As applicant? yes or no If no, please fill in details.
Relationship to applicant <small>(e.g. mother, stepfather, guardian, etc.)</small>		Occupation	
			 e-mail:
Title <small>(Mr, Mrs, Miss, etc.)</small>	First Name	Surname	Address As applicant? yes or no If no, please fill in details.
Relationship to applicant <small>(e.g. mother, stepfather, guardian, etc.)</small>		Occupation	
			 e-mail:
Title <small>(Mr, Mrs, Miss, etc.)</small>	First Name	Surname	Address As applicant? yes or no If no, please fill in details.
Relationship to applicant <small>(e.g. mother, stepfather, guardian, etc.)</small>		Occupation	
			 e-mail:

BROTHERS & SISTERS			
Name	Date of Birth	M/F	Learning Disability?
1.			Yes <input type="checkbox"/> No <input type="checkbox"/>
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>
3.			Yes <input type="checkbox"/> No <input type="checkbox"/>
4.			Yes <input type="checkbox"/> No <input type="checkbox"/>
5.			Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> Residential Placement <input type="checkbox"/> Home with Family <input type="checkbox"/> Other? <input type="checkbox"/>


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?	

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 learner (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 Learner Date:

Signature of Parent/Guardian: Date: