

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

Please complete and return to:  
 Student Admissions  
 Coleg Elidyr  
 Elidyr Communities Trust  
 Rhandirmwyn  
 Llandovery  
 Carmarthenshire  
 SA20 0NL

Tel: 01550 760400  
 Fax: 01550 760331  
 e-mail: admissions@elidyrct.ac.uk

Please attach your photo here

<b>Proposed date of entry:</b>	
<b>Name of person filling in this form:</b>	
<b>Relationship to applicant:</b>	

<b>Applicant's Details</b>			
<b>Full name:</b>			
<b>Address:</b>			
<b>Telephone number:</b>		<b>Mobile number:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Place of Birth:</b>		<b>Nation Insurance No.:</b>	
<b>Religious Beliefs:</b>			

**Programme applying for (please tick relevant box)**

**Education; Foundation Education Programme**

- 37 weeks
- 52 weeks – 37wk education programme, plus 15 weeks during holiday periods
- Up to 52 weeks – 37wk education programme, plus up to 15 wks during holiday

**Education; Skills for Life**

- 37 weeks
- 52 weeks – 37wk education programme, plus 15 weeks during holiday periods
- Up to 52 weeks – 37wk education programme, plus up to 15 wks during holiday

**Inclusive Lives (Community Living)**

- 52 weeks

**Primary Contact Details**

Who is the primary contact in case of emergency?

<b>Full name:</b>			
<b>Home telephone number:</b>		<b>Work telephone number:</b>	
<b>Mobile number:</b>		<b>Other alternative (grandparents, neighbour, etc.):</b>	

**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.

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>	<b>Address (if different to applicant):</b>
<b>Relationship to applicant:</b> (e.g. mother, stepfather, guardian)		<b>Occupation:</b>	
			<b>☎ Phone:</b> <b>✉ E-mail:</b>
<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>	<b>Address (if different to applicant):</b>
<b>Relationship to applicant:</b> (e.g. mother, stepfather, guardian)		<b>Occupation:</b>	
			<b>☎ Phone:</b> <b>✉ E-mail:</b>

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<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>	<b>Address (if different to applicant):</b>
<b>Relationship to applicant:</b> (e.g. mother, stepfather, guardian)		<b>Occupation:</b>	
			☎ <b>Phone:</b> ✉ <b>E-mail:</b>

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>	<b>Address (if different to applicant):</b>
<b>Relationship to applicant:</b> (e.g. mother, stepfather, guardian)		<b>Occupation:</b>	
			☎ <b>Phone:</b> ✉ <b>E-mail:</b>

<b>Brothers &amp; Sisters</b>			
Name	Date of Birth	Gender	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"/>

<b>Professional Contacts</b>	
<b>Careers/Personal Adviser Name:</b>	
<b>Address:</b>	
☎ <b>Phone:</b>	
✉ <b>E-mail:</b>	

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<b>Social Worker</b>	<p><b>Name:</b></p> <hr/> <p><b>Address:</b></p> <hr/> <p><b>☎ Phone:</b></p> <hr/> <p><b>✉ E-mail:</b></p> <hr/>
<b>Other – Psychologist / Psychotherapist / Psychiatrist</b>	<p><b>Name:</b></p> <hr/> <p><b>Address:</b></p> <hr/> <p><b>☎ Phone:</b></p> <hr/> <p><b>✉ E-mail:</b></p> <hr/>
<b>Clinical Diagnosis</b>	
<b>Please give details:</b>	
<b>Any further information – e.g. unconfirmed diagnosis of autism, autistic traits:</b>	
<b>Learning Disabilities</b>	
<b>How does the clinical diagnosis impact on the applicant? (Please describe abilities, needs and behaviours)</b>	

**Education & Training**

<b>Has the applicant even been excluded from school?:</b>	Yes <input type="checkbox"/>	If 'yes', on what grounds?:
	No <input type="checkbox"/>	

**School or college currently attended**

<b>Name:</b>	
<b>Type:</b> (e.g. mainstream, LD)	
<b>Headteacher / Contact:</b>	
<b>Address:</b>	
<b>☎ Phone:</b>	
<b>✉ E-mail:</b> (if applicable)	
<b>Current Level and Type of Support</b>	<b>Please detail how much support the applicant receives and who delivers this support</b>

**We would like to contact the applicant's current school. Please sign below to confirm you are happy for us to do so:**

<b>Name:</b>	<b>Applicant / Parent / Guardian</b> (please delete as appropriate)
<b>Signature:</b>	

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**Previous schools**

<b>Name:</b>			
<b>Type:</b> (e.g. mainstream, LD)			
<b>Address:</b>			
<b>Phone:</b>			
<b>From:</b>		<b>To:</b>	

<b>Name:</b>			
<b>Type:</b> (e.g. mainstream, LD)			
<b>Address:</b>			
<b>Phone:</b>			
<b>From:</b>		<b>To:</b>	

<b>Name:</b>			
<b>Type:</b> (e.g. mainstream, LD)			
<b>Address:</b>			
<b>Phone:</b>			
<b>From:</b>		<b>To:</b>	

**Destination**

<p>What are the applicant's hopes and aspirations for their future? Please tick all those that are relevant.</p>	<p>Supported Living: <input type="checkbox"/></p> <p>Residential Placement: <input type="checkbox"/></p> <p>Home with Family: <input type="checkbox"/></p> <p>Other (please write below)</p>
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**For Welsh Applicants Only:**

Does the applicant communicate in Welsh?:	
If yes, is this as a first or second language?:	
Will the applicant require Welsh speaking support, or Welsh language 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.**

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🔒 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 Applicant: ..... Date: .....

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