Please check that you have completed this form as fully as possible and that you have retained copies of all reports you need to send. Please return this form and all other information to: Admissions, Treloar's, Powell Drive, Holybourne, Alton, Hampshire, GU34 4GL

Treloar School and College application form

Proposed year of entry (e.g. 2016):
Student Name:

Please note that it is extremely important that we receive copies of all available reports in advance of assessment. We will not be able to progress your application if you do not send copies of all available reports.

Please indicate which reports are available and enclose copies of those available:

Available	***Not Available***	
☐	☐	Section 139a Assessment/most recent SEN/EHCP
☐	☐	Physiotherapy assessment *
☐	☐	Annual Review/SEN *
☐	☐	Speech & Language assessment *
☐	☐	Most recent School report
☐	☐	Occupational Therapy assessment *
☐	☐	Most recent Medical report
☐	☐	Psychiatry assessment *
☐	☐	Educational Psychologist report *
☐	☐	Behavioural plans *
☐	☐	Visual Impairment report *
☐	☐	Exam results slips/certificates *

☐ Other *(please list and enclose)* * *if applicable*

Information on this form is provided by: Name(s):

Address and telephone if different from that stated on page 4:

Signature(s)	Date:

WHAT TO DO WITH THE COMPLETED APPLICATION:

1. Please check that you have completed this form as fully as possible and that you have retained copies of all the reports you need to send.
2. Please return this form and all other information. to: Admissions, Treloar's, Powell Drive, Holybourne, Alton, Hampshire, GU34 4GL

DATA PROTECTION

Treloar School & College adheres to the 1998 Data Protection Act. The information we are asking you for may be placed in a manual file, placed on a computer database and passed to other individuals both internally and externally who are involved with the applicant. We are required by law to pass on certain information to the provider of youth support in your area. This is the local authority support service for young people aged 13 to 19 in England. We must provide your address, your date of birth and any further information relevant to the support services' role. By signing/completing this form you are agreeing to the above statement.

If you do not agree to any aspect of this please indicate here ☐

1. ABOUT THE APPLICANT

Surname:		First names:
Known as/familiar name:		Age:
Date of birth:		☐ Male ☐ Female ☐ Transgender
No. of brothers and sisters:		Position in family: e.g. oldest/youngest
National Insurance No:		
Language used at home:		Free School Meals: Yes ☐ No ☐
Details (if applicable) of custody, care, fostering, etc.:	'Looked After Child'	Yes ☐ No ☐
	'Child in need'	Yes ☐ No ☐

Home address:

Postcode:

COLLEGE ONLY

DATA PROTECTION – from time to time the Education Funding Agency (EFA) may wish to contact learners. Please indicate below whether you are happy to be contacted.

Learner has withheld permission to be contacted ☐

Learner has only withheld permission to be contacted about course or learning opportunities by post ☐

Learner has only withheld permission to be contacted for survey and research ☐ No Restrictions ☐

Are you looking for: Day Placement ☐ Weekly boarding (Mon-Thurs) ☐ Weekly boarding (Sun-Thurs) ☐

Termly boarding ☐ Non-term time provision (please specify requirements):_____

Other (please specify requirements): _____

Are you looking for occasional/regular respite for evenings/weekends? _____

Current School/College Year Group? _____

Principal Disability: Note: there is space for additional medical information on page 4.

Additional Disabilities:

2. NAME(S) of PARENT(S) or CARER(S)

NAME:	Relationship to applicant:
Address	**CONTACT DETAILS**
	Home telephone:
	Work telephone:
	Mobile telephone:
	E-mail address:
	Emergency contact no:

NAME:	Relationship to applicant:
Address (if different to above)	**CONTACT DETAILS**
	Home telephone:
	Work telephone:
	Mobile telephone:
	E-mail address:
	Emergency contact no:
Tick here ☐ if a second copy of student reports should be sent to the second address.	

3. EDUCATION

CURRENT/LAST SCHOOL **DATE LEFT/DUE TO LEAVE.**

Name:

Address:

Postcode:

Contact name:	Telephone:

Name and address of Local Authority (LA):

	YES	**NO**
Does the applicant receive additional support in the classroom? If YES, how much, and what is the nature of the support?	☐	☐
Is the applicant disapplied from any part of the National Curriculum?	☐	☐

SCHOOL APPLICANTS: It is important to complete this section **(State National Curriculum/P Levels in):** **English Level:**	**Maths Level:**	**ICT Level:**
We follow the National Curriculum, adapted and modified according to student need. Please indicate any subject areas of specific interest:		
Details of any accredited courses that have been started (if applicable):		
COLLEGE APPLICANTS **(State National Curriculum/P Levels in):** **English Level:**	**Maths Level:**	**ICT Level:**
Details of previous accreditation including any GCSEs, or other qualifications taken or to be studied		

COLLEGE APPLICANTS

POSSIBLE AREAS OF INTEREST AT TRELOAR'S - please tick (✓):

☐ Art, Design & Photography	☐ Cookery/Nutrition	☐ Enterprise, Employability and Personal Finance
☐ Enterprise Skills	☐ Sports Leadership	☐ Apprenticeship/Internship/Traineeship
☐ Business Studies	☐ Art/Craft/Textiles	
☐ Community/Life Skills	☐ Range of subjects/levels at Alton College	
☐ Sensory Programme	☐ Independent Advocacy	

COLLEGE APPLICANTS

Likely level of study:

☐ Pre-entry ☐ Entry ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Other

Note – please send in details from the school outlining the applicant's academic achievements to date and predicted results if applicable. If we do not receive this information we may contact the applicant's current/previous school to establish this prior to processing the application.

4. LEISURE INTERESTS & ACTIVITIES, SPORT, HOBBIES, CLUBS

5. MEDICAL DETAILS

Name of General Practitioner (GP):	NHS Number:
Address: Postcode:	Telephone:

This is important information and can be obtained from your home area GP.

Clinical Commissioning Group (CCG):

Address:	
Postcode:	Telephone:

Name(s) of Consultant(s):	Address and telephone:	Specialist area: *E.g. Orthopaedic, Paediatric, etc.*

Does the applicant have, or require treatment for, any of the following? If YES, please give brief details.	**YES**	**NO**
Epilepsy	☐	☐
Diabetes	☐	☐
Asthma	☐	☐
Eczema	☐	☐
Heart condition	☐	☐
Visual Impairment	☐	☐
Hearing Impairment	☐	☐
Allergies	☐	☐
Regular and/or significant pain	☐	☐
Memory Deficit	☐	☐
Perceptual Deficit	☐	☐
Other (please specify here):	☐	☐

6. MEDICATION

Drug	Dosage	When and how administered

Please use a separate sheet if you require more space. Tick here ☐ if you have included a separate sheet.

7. DIETARY/FEEDING REQUIREMENTS

Please give details of any special dietary requirements, food allergies, swallowing difficulties or special feeding arrangements;

Including gastrostomy or other tube feeding:

Mealtime Support:

Please give a brief description of mealtime assistance if needed; any equipment required at meal/snack times? Approximate typical time taken for a main meal:

Does the applicant see a Dietician?	Yes	In the past	No
Name and Address of current Dietician's clinic:	☐	☐	☐

8. THERAPY

PHYSIOTHERAPY

	Yes	In the past	No
Does the applicant receive Physiotherapy?	☐	☐	☐

Name of current Therapist: Telephone:

E-mail:

Therapy involved and frequency of treatment:

SPEECH AND LANGUAGE THERAPY

	Yes	In the past	No
Does the applicant receive Speech and Language Therapy?	☐	☐	☐

Name of current Therapist: Telephone:

E-mail:

Therapy involved and frequency of treatment:

OCCUPATIONAL THERAPY

	Yes	In the past	No
Does the applicant receive Occupational Therapy?	☐	☐	☐

Name of current Therapist: Telephone:

Address: E-mail:

Therapy involved and frequency of treatment:

OTHER THERAPY/HEALTH PROFESSIONAL INPUT

Please give details of involvement from other therapist(s) - e.g. counsellor, art or music therapist, visual impairment adviser, ophthalmic specialist, audiologist:

9. SKILLS, INDEPENDENCE & SOCIAL INTERACTION

Primary mobility please tick (✓) 1 only: ☐ Fully ambulant ☐ Walks with crutches/aids ☐ Manual wheelchair user

☐ Powered wheelchair/scooter user ☐ Attendant-controlled wheelchair user ☐ Other

Local Wheelchair Centre Address:

Does the applicant have:	**Yes**	**No**	Please give details when appropriate
A loaned manual wheelchair? (please choose from the list)	☐	☐	
An EPIOC (Electrically Powered Indoor/Outdoor Chair)? (please choose from the list)	☐	☐	
Is the applicant able to:	**Yes**	**No**	**Please give details when appropriate**
Drive a powered wheelchair independently?	☐	☐	
Use a manual wheelchair independently?	☐	☐	
Walk unaided?	☐	☐	
Go out alone in the community?	☐	☐	
Communicate so as to be easily understood?	☐	☐	
Understand verbal information in line with other abilities?	☐	☐	
Use signing or gesture to communicate?	☐	☐	
Does the applicant:	**Yes**	**No**	**Please give details when appropriate**
Interact with adults only?	☐	☐	
Prefer his/her own company?	☐	☐	
Occupy himself/herself?	☐	☐	
Enjoy being part of a group?	☐	☐	
Has the applicant:	**Yes**	**No**	**Please give details when appropriate**
Stayed away from home before?	☐	☐	
Boarded before?	☐	☐	
Ever shared a room?	☐	☐	
Had difficulty when staying away from home?	☐	☐	

SLEEPING

Does the applicant:	**Please give details**
Sleep in: ☐ an adjustable bed ☐ a standard bed?	
Sleep with: ☐ a pressure relief mattress ☐ another type of mattress?	
Sleep with: ☐ side rails ☐ support bars ☐ other bed accessories?	
Require intensive supervision at night? ☐ Yes ☐ No	

Please give details of any bedtime/morning routines:

CONTINENCE

Does the applicant:	**Yes**	**No**	**Please give details/manufacturer**
Use the toilet independently day and night?	☐	☐	
Have a catheter, colostomy or anything needing specialist care?	☐	☐	
Indicate the need for the toilet?	☐	☐	
Sit on the toilet?	☐	☐	
Need incontinence pads during the day / night?	☐	☐	
Need toileting at night?	☐	☐	

10. APPLIANCES AND EQUIPMENT

MOBILITY (Please tick boxes (✓) and give details/manufacturer as appropriate)

Does the applicant use:	Yes	No	Please give details and state whether the applicant is happy with them?
Walking aids?	☐	☐	
Scooter?	☐	☐	
Seating systems?	☐	☐	
Switches?	☐	☐	

BATH ☐ Standard ☐ Parker ☐ Aquanova ☐ Other:

SHOWER ☐ Walk-in ☐ Drop-down seat ☐ Fixed seat ☐ Shower chair ☐ other:

TOILET ☐ Clos-o-mat ☐ support bars ☐ special e.g. Chailey/Crossland ☐ other:

TRANSFERS ☐ Sliding sheet ☐ Turning sheet ☐ other:

Is the applicant able to do a standing transfer? ☐ Yes ☐ No

Is a hoist needed? ☐ Yes ☐ No Sling make and model:

IN THE CLASSROOM

Computer: ☐ Joystick ☐ Trackerball ☐ Standard Mouse ☐ Switch(es) ☐ other:

Does the applicant mainly: ☐ Handwrite ☐ Type ☐ Other:

	Yes	No	
Does someone else write or type for the applicant?	☐	☐	
Does the applicant use specialist software to read and/or to produce work on a computer, e.g. Clicker/Penfriend?	☐	☐	Please give details / manufacturer / supplier

11. BEHAVIOUR

	Yes	No	Please give details when appropriate
Does the applicant have an awareness of danger?	☐	☐	
Does the applicant exhibit any self-injurious behaviour?	☐	☐	
Are there any situations in which the applicant may be vulnerable?	☐	☐	
Is there a history of aggressive behaviour towards:			
a) Peers	☐	☐	a)
b) Staff	☐	☐	b)
c) Parents/carers?	☐	☐	c)

Please detail any difficult behaviour the applicant may present, factors that trigger it and strategies used to modify it:

	Yes	No	
Has the applicant been involved in any Safeguarding cases?	☐	☐	

Please give details where appropriate

12. COMMUNICATION

	Yes	No
Does the applicant use any equipment/aids to support their communication?	☐	☐

Please tick any equipment used for communication and give details:

☐ Specialised communication device……

☐ iPad/tablet computer… ……

☐ Smartphone/iPhone ……

☐ Communication software/Apps……

☐ 'Low-tech' e.g. symbol communication book, alphabet chart……

How is this equipment accessed? (E.g. direct access, switches)……

Is this equipment/software owned by the applicant? Yes ☐ No ☐ Please give date equipment was purchased:

(Please state who funded the equipment, if applicable)……

Does the applicant use manual signing? Yes ☐ No ☐

If Yes, which signing method is used at present (e.g. Makaton, BSL) at School?

… at home?

PLEASE NOTE: If the applicant uses any communication equipment/aids it is ESSENTIAL that you bring them with you to the assessment.

13. SOCIAL SERVICES

Name of Social Worker:	Telephone:
Address:	E-mail:

Please attach copies of any reports produced by Social Services.

14. CAREERS

Name of PA (Careers Adviser) formally Connexions:	Telephone:
Address:	E-mail:

Please attach a copy of LDA/EHCP/SEN Final Year Assessment (if available)

15. EXPECTATIONS

Applicant: Why do you think Treloar School/College is the right placement for you?

Parent(s)/Carer(s):

Why do you think Treloar School/College is the right placement and what are the three main priorities for your child?

Any other information which may be helpful during the interview:

Please indicate how you heard about Treloar's:

- Advert ☐
- Directory* ☐
- Disability Support Group ☐
- Exhibition* ☐
- Internet/website ☐
- Parent of present or former pupil ☐
- Local Authority ☐
- Other Professional/Specialist ☐
- Current school or college ☐
- Reputation ☐
- Press article* ☐
- Other* ☐

*please specify

AND FINALLY … please ensure you have completed the checklist at the front of this document and signed the form.