**Learner Information Form**

Please complete this form as fully as possible, as this will provide us with essential information and help us to get a better understanding of your needs.

**Section One: About You**

| First Name |  | Last Name | |  | Preferred name |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender |  | Pronoun  Other | | he/him  she/her | Date of birth |  |
| Home Address  Postcode |  | | | | Telephone Numbers  Home:  Mobile: |  |
| Email: |  | | | | National insurance no. |  |
| Are you in the care of your local authority? | | | Yes• No• | | Are you in supported living | Yes\* No\* |
|  | | | | | | |
| **Next of Kin**  Name and home address (if different from above) | | |  | | Telephone Numbers  Home:  Mobile: |  |
| Relationship to Learner | | |  | | Email: |  |
| What is your statemented diagnosis (main disability, impairment or learning difficulty) | | | | | | |
| Do you have any additional needs? *i.e. - communication, mobility, challenging behaviour* | | | | | | |

| Nationality: |  | | First language spoken: |  | |
| --- | --- | --- | --- | --- | --- |
| Have you lived in the UK or European community for the last three years? | | Please give date of entry into UK if relevant | | | Are you on a time limited visa? |
| Yes• No• | | -- / - - /- - - - | | | Yes• No• |
| **To help us make sure we are an equal opportunities college, please complete the information below** | | | | | |
| | **A**  **White:** |  | **B**  **Mixed race:** |  | **C**  **Asian or Asian British:** |  | | --- | --- | --- | --- | --- | --- | | British - English, Scottish or Welsh | c:\e3_work\images\tick_box.tif | White and Black Caribbean | c:\e3_work\images\tick_box.tif | Indian | c:\e3_work\images\tick_box.tif | | Irish | c:\e3_work\images\tick_box.tif | White and Black African | c:\e3_work\images\tick_box.tif | Pakistani | c:\e3_work\images\tick_box.tif | | Any other White background | c:\e3_work\images\tick_box.tif | White and Asian | c:\e3_work\images\tick_box.tif | Bangladeshi | c:\e3_work\images\tick_box.tif | |  |  | Any other Mixed background | c:\e3_work\images\tick_box.tif | Any other Asian background | c:\e3_work\images\tick_box.tif | | **D**  **Black or Black British:** |  | **E**  **Chinese or other ethnic group:** |  |  |  | | Caribbean | c:\e3_work\images\tick_box.tif | Chinese | c:\e3_work\images\tick_box.tif |  |  | | African | c:\e3_work\images\tick_box.tif | Other ethnic group | c:\e3_work\images\tick_box.tif |  |  | | Any other Black background | c:\e3_work\images\tick_box.tif |  |  |  |  | | | | | | |
| Religion/ Belief:   | My religion is: |  | | --- | --- | | I am not religious | c:\e3_work\images\tick_box.tif | | Prefer not to say | c:\e3_work\images\tick_box.tif | | | | | | |

**Section Two: Other People Who Support You**

| Name of Careers advisor: | Address: | Telephone:  Email: | How often do you see them? |
| --- | --- | --- | --- |
| Name of contact at current school/college: | Name of school/organisation  Address: | Telephone:  Email: | How many days a week do you attend? |
| Name of current or most recent social worker: | Address: | Telephone:  Email: | How often do you see them?  Date last seen |
| Name of current GP | Address: | Telephone:  Email: |  |
| Name of CAMHS worker/ psychologist/ other mental health worker | Address: | Telephone:  Email: | How often do you see them?  Date last seen |
| Name of current physiotherapist/ occupational therapist  Job role | Address: | Telephone:  Email: | How often do you see them? |
| Name of current speech and language therapist | Address: | Telephone:  Email: | How often do you see them?  Date last seen |
| Other professional involved with the learner  Role | Address: | Telephone:  Email: | How often do you see them? |
| Name of any respite service | Address: | Telephone:  Email: | How often do you receive respite? |

We need to contact the above people to help us understand your needs. Please sign the consent below to allow us to do this.

**I give permission to the professionals that work with me to send reports to Trinity Specialist College. This will be to support my application and will involve sharing this information with funding agencies.**

| Signature |  |
| --- | --- |
| Name in block capitals |  |
| Relationship to learner |  |
| Date |  |

**Section Three: Your Health**

| **Please tell us about your health in general, have you had any major operations or other medical help?** |
| --- |
| **Do you have a diagnosis of epilepsy?**  If yes, please give an indication how often, and when are they most likely to happen:  Yes• No • |
| **Are you presently seeing any consultants or having any specialist treatments? This may include physical health or emotional well-being or mental health difficulties.** If yes, please give details of the treatment and who oversees this treatment. *Please attach any relevant reports*  Yes• No • |
| **Have you previously seen any consultant for any treatment for physical health, emotional well-being or mental health difficulties?**  If yes, please give details.  Yes• No • |
| **Medication**   | **Name of medication and dosage** | **Time to be taken** | **For what condition do you take this medication?** | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Do you need help to take your medication?  Yes• No •  Do you have any allergies? *If yes, please provide details*  Yes• No • |

| **Dietary**  Do you have any dietary requirements? *Including allergies, religious requirements or lifestyle choices.*  Yes• No •  If yes, please provide details below  **\***Please note that the College does not provide Halal meat but does offer a vegetarian option\* |
| --- |
| Do you have any difficulties eating/ swallowing food?  Yes• No •  If yes, please provide details below |

**Declaration**

I declare that to the best of my knowledge, all the information contained on this form and on any additional sheets is correct.

| Signature |  |
| --- | --- |
| Name in block capitals |  |
| Relationship to learner |  |
| Date |  |

**Data Protection & GDPR**

Trinity Specialist College is registered under the Data Protection Act 2018. All the information you supply on this form will be processed in accordance with the regulations of the Act.

Trinity Specialist College is required to pass the information that you provide on this form to the Local Educational Authority or the Residential Training Unit of the Department for Work and Pensions. These public bodies are registered under the Data Protection Act 2018. Their registration is primarily for the collection and analysis of statistical data. They will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. This will allow them and their partners to monitor performance, improve quality and plan future provision.

Please refer to the Privacy Notices on our website for further information: www.trinityspecialistcollege.co.uk

I hereby give permission under the Data Protection Act 2018 for Trinity Specialist College to process the data on the application form.

| Signature |  |
| --- | --- |
| Name in block capitals |  |
| Relationship to learner |  |
| Date |  |

**Emergency Contact (in priority order):**

| **1st Emergency Contact** | |
| --- | --- |
| **Full name:** |  |
| **Relationship to learner:** |  |
| **Contact Number:**  **Email Address:** |  |
| **Address:** |  |
| **2nd Emergency Contact** | |
|  | |
| **Full name:** |  |
| **Relationship to learner:** |  |
| **Contact Number:**  **Email Address:** |  |
| **Address:** |  |

| **3rd Emergency Contact** | |
| --- | --- |
|  | |
| **Full name:** |  |
| **Relationship to learner:** |  |
| **Contact Number:**  **Email Address:** |  |
| **Address:** |  |