

## APPLICATION FORM

Personal Details			
Surname:		Forename/s:	
Known by any other name/s?			Gender:
Date of birth:	Age:	National Insurance:	
Address:			Postcode:
Tel:			
Email:			
Next of kin:		Tel:	Relationship:
Currently living: (with parents, family member, foster care, independent living)			
Any medical issues or currently taking medication:			

Educational History			
Maths	English	Additional Qualifications	
You will need to provide evidence at your interview or enrolment			
Past Schooling (most recent)			
Secondary/High school/Referral unit:	Dates attended:	Reason for leaving:	Additional comments:
Additional support while attending		(receive free meals, additional class support, extra time in exams, etc.)	
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>		

Additional Support Needs					
EHCP/LDA		Yes	No	Do you have a support need and/or disability?	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	Yes No	
		<input type="checkbox"/>	<input type="checkbox"/>		
Tick	Support Need	Details			
	Visual Impairment				
	Hearing Impairment				
	Disability Affecting Mobility				
	Other Physical Mobility				
	Aspergers Syndrome				
	Other Disability				
	Multiple Disabilities				
	Moderate Learning Difficulty				
	Severe Learning Difficulty				
	Dyslexia				
	Dyscalculia				
	Autistic Spectrum Condition				
	Speech & Language Difficulty including ESOL				
	ADHD				
	Multiple Learning Difficulty				
	Other Specific Learning Difficulty				
	Support Need				
	Other Medical Condition e.g. Asthma, Epilepsy, Diabetes				
Additional information					
<p>You will need to provide evidence at your interview or enrolment</p>					

Emotional/Mental Support		
Tick	Condition	Details eg triggers, how it can affect you, coping strategies
	Anger issues	
	Anxiety	
	Confidence	
	Depression	
	Stress	
	Shy/social	
	Bipolar	
	Compulsive disorder	
	Hyper	
Additional information:		
<p>If you have ticked any of the above, we will contact you shortly to discuss further support needs.</p>		
Contact details of your key worker/support worker:		
Name:	Contact details:	Agency:

Nationality		
Place of birth:	Country of Residence:	Have you been living in the United Kingdom or European Union for the past 3 years?
Nationality:		

Criminal Convictions	
Do you have any convictions which are not yet spent under the Rehabilitation of Offenders Act 1974 (as amended)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Are you currently or have been under the supervision of the Youth offending team?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
For further advice regarding unspent convictions contact NACRO at <a href="http://www.nacro.org.uk">www.nacro.org.uk</a>	

Interview	
Do you require any alternative arrangements or additional support to assist you at your interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Will you be attending the interview with someone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Is there anything you feel, would be important to know before your interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	

Applicant Print	Applicant Sign	Date
Parent/Guardian Print	Parent/Guardian Sign	Date

Office Use				
Process	Application Accepted	Interview	Offer	Enrolment
Date				
Sign				