



STUDENT APPLICATION

FORM

Thank you for your interest in Trinity Specialist College. Please complete the application as fully as possible, as this will help us to get a good understanding of your needs. **All applicants need to complete sections one to three. Please then complete any other sections that you feel are relevant to your needs.**

Year of Entry: 2019 2020 2021

Section One: About You

Title		First Name		Surname/Family Name:	
Home Address				Telephone Numbers	
Postcode:				Home:	
D.O.B:				Mobile:	
Are you in the care of your local authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Gender:	

Next of Kin Name and home address (if different from above)		Telephone Numbers	
		Home:	
		Mobile:	
Relationship to Applicant		Email:	
<p>Have you visited the College Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate when</p> <p>If no, please contact the college to arrange a visit; we cannot carry out an assessment until you have done so.</p>			
What is your main disability, impairment or learning difficulty?			
Do you have any additional disabilities? <i>i.e. - communication difficulties, mobility difficulties, challenging behaviour</i>			

Please state where you first heard about Trinity Specialist College?

Nationality:		Country of Residence:	
Have you lived in the UK or European community for the last three years?		Please give date of entry into UK if relevant	
Yes <input type="checkbox"/> No <input type="checkbox"/>		--/--/----	
Are you on a time limited visa?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
To help us make sure we are an equal opportunities college, please complete the information below			
A		B	
White:		Mixed race:	
British - English, Scottish or Welsh	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
		Any other Mixed background	<input type="checkbox"/>
D		E	
Black or Black British:		Chinese or other ethnic group:	
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
African	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>		
C			
Asian or Asian British:			
		Indian	<input type="checkbox"/>
		Pakistani	<input type="checkbox"/>
		Bangladeshi	<input type="checkbox"/>
		Any other Asian background	<input type="checkbox"/>
Do you consider yourself to be:			
<input type="checkbox"/> Heterosexual or straight		<input type="checkbox"/> Gay or Lesbian	
<input type="checkbox"/> Bisexual		<input type="checkbox"/> Other	
<input type="checkbox"/> Prefer not to say		<input type="checkbox"/> Not known	
Religion/ Belief:			
My religion is:			
I am not religious		<input type="checkbox"/>	
Prefer not to say		<input type="checkbox"/>	
The Disability Discrimination Act 1995 (DDA) defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, over 12 months. Do you consider yourself to have a disability under the DDA (please tick)?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<input type="checkbox"/> Prefer not to say		<input type="checkbox"/> Don't know	

Section Two: Other People You Work With

Do you have an Educational, Health & Care Plan? <i>If yes, please attach a copy.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
Has a community care assessment, common assessment framework or improving choice for living and work assessment been carried out? <i>If yes, please attach a copy.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>

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 social worker:	Address:	Telephone: Email:	How often do you see them? Date last seen
Name of previous social worker:	Address:	Telephone: Email:	Date last seen
Name of current GP	Address:	Telephone: Email:	
Name of CAMHS worker/ psychologist/ other mental health worker Job role	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 student Role	Address:	Telephone: Email:	How often do you see them?
Name of any respite service	Address:	Telephone: Email:	How often do you receive respite?

If you have any reports from any of the above people, please attach copies to the application form, or alternatively email copies to admissions@trinityspecialistcollege.co.uk

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 applicant	
Date	

Section Three: Places You Have Studied

Name of current/ previous placements (Schools/Colleges)	From To	Address	Telephone and email address	Type of placement i.e.-Educational, Residential, Day Care

Do you have, or have you had a Statement of Special Educational Needs or an EHC PLAN? <i>If yes, please attach a copy</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of first issue		
Date of last annual review <i>Please attach a copy</i>		
Date of next annual review <i>If applicable</i>		

Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the police?
No <input type="checkbox"/> Yes <input type="checkbox"/>
<i>If yes, please detail below:</i>

Section Four: 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 seeing any consultants of having any specialist treatments at the moment? This may include for physical health or emotional well-being or mental health difficulties. If yes, please give details of the treatment and who is in charge of 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 tablet / medicine and dosage	Time to be taken	For what condition do you take this medication?

Do you need help to take your tablets / 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

Hobbies and Interests:

What kinds of things do you like to do in your free time, any hobbies or interests?

Declaration

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

Signature	
Name in block capitals	
Relationship to applicant	
Date	

Data Protection

Trinity Specialist College is registered under the Data Protection Act 1998. 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 1998. 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.

I hereby give permission under the Data Protection Act 1998 for Trinity Specialist College to process the data on the application form.

Signature	
Name in block capitals	
Relationship to applicant	
Date	

Please return to: The Administration Team, Trinity Specialist College, The Lindridge Road, Lindridge Road, Sutton Coldfield, Birmingham, B75 7JB