

**STUDENT EXPRESSION OF INTEREST FORM**

Thank you for your interest in Trinity Specialist College. Please complete this form as fully as possible, as this will help us to get a good understanding of your needs.

**Year of Entry:**

**Section One: About You**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First Name | |  | Surname/Family Name: |  |
| Home Address  Postcode: |  | | | | Telephone Numbers  Home:  Mobile: |  |
| D.O.B: |  | | | | Email: |  |
| Are you in the care of your local authority? | | | Yes No | | Gender: |  |
|  | | | | | | |
| **Next of Kin**  Name and home address (if different from above) | | |  | | Telephone Numbers  Home:  Mobile: |  |
| Relationship to  Applicant | | |  | | Email: |  |
| Have you visited the College Yes No  If yes, please indicate when  If no, please contact the college to arrange a visit; we cannot carry out an assessment until you have done so. | | | | | | |
| What is your main disability, impairment or learning difficulty? | | | | | | |
| Do you have any additional needs? *i.e. - communication, mobility, challenging behaviour* | | | | | | |
| Please state where you first heard about Trinity Specialist College? | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| 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 | | | 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 |  |  |  |  | | | | | | |
| Do you consider yourself to be:  Heterosexual or straight Gay or Lesbian  Bisexual Other  Prefer not to say Not known | | | | | |
| 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 You Work With**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 previous social worker: | Address: | Telephone:  Email: | How often do you see them?  Date last seen |
| Name of 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 physiotherapist/ occupational therapist  Job role | Address: | Telephone:  Email: | How often do you see them? |
| Name of 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? |

We may 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 the future application process 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 |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- |
| Do you have an EHC PLAN? |  |
| Date of first issue |  |
| Date of last annual review |  |
| Date of next annual review |  |

**Declaration**

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

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

**Data Protection**

Trinity Specialist College will process your data in accordance with the General Data Protection Regulation (GDPR) (EU) 2016/679 and the Data Protection Act 2018. We are required to forward the information included in this form to relevant external agencies in relation to funding for the College place. This could include public bodies such as the Local Authority, ESFA, DWP who are all registered under Data Protection regulations.

I hereby give my consent under the General Data Protection Regulation and Data Protection Act 2018 for Trinity Specialist College to process the data in this expression of interest form.

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

Please return to: [referrals@trinityspecialistcollege.co.uk](mailto:referrals@trinityspecialistcollege.co.uk) or by post to: Trinity Specialist College, The Lindridge Road, Lindridge Road, Sutton Coldfield, West Midlands, B75 7JB