



Application Form

Title	Student's first name	Student's middle name	Student's surname
Address:			
Postcode			
Home telephone number		Mobile number	
Email address			
National Insurance Number		Date of Birth	
Are you in the care of your local authority?		Yes/No	

Emergency details: Two contact numbers are required

Emergency contact name 1		Emergency contact name 2	
Emergency contact address (If different from above)		Emergency contact address (If different from above)	
Relationship to you		Relationship to you	
Telephone number		Telephone number	
Email		Email	
Availability days/times of the emergency contacts?			

What are your living arrangements (please tick)

I live on my own		I live in supported accommodation		I live with my family	
I live with friends		I live in shared lives			

I am happy for my contact details to be shared with the text messaging service that ROC subscribe to (Please circle) YES/NO



At Rotherham Opportunities College we want to be able to provide the correct support. Please provide more information about your support needs:

What is your main disability, impairment or learning difficulty?

Please provide brief notes:

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Do you have any additional support needs? Please tick the ones that apply.

Mental health	<input type="checkbox"/>	Communication / speech	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	Memory / concentration	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Autism Spectrum Condition (ASC)	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Physical co-ordination	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Lifting, carrying or moving	<input type="checkbox"/>	Medication	<input type="checkbox"/>
Literacy / numeracy	<input type="checkbox"/>	Other Please state	<input type="checkbox"/>



Other people you work with

Do you have an Education Health & Care Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a community care assessment, common assessment framework or improving choice for living and work assessment been carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of contact at current school/college:	Telephone/Email	
Name of social worker:	Telephone/Email	
Name of current GP:	Telephone/Email	
Name of CAMHS worker/ psychologist/ other mental health worker:	Telephone/Email	
Name of current physiotherapist/occupational therapist:	Telephone/Email	
Name of current speech and language therapist	Telephone/Email	
Other professional involved with student	Telephone/Email	
Name of any respite service	Telephone/Email	



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 Rotherham Opportunities College. This will be to support my placement and will involve sharing this information with funding agencies.

Signature of Student			
Name in block capitals			
Date			
Signature of parent/carer		Name in block capitals	
Relationship to applicant		Date	



Previous education training and skills

School/college/training provider	Year(s) you attended	Qualifications; Maths and English Courses attended/training undertaken/skills learned (include level achieved if appropriate)



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?

Yes

No

If yes, please give an indication how often, and when seizures are most likely to happen:

Are you seeing any consultants or receiving any specialist treatments at the moment? This may include physical health, emotional well-being or mental health difficulties. If yes, please give details of the treatment and who is leading this treatment. Please attach any relevant reports.

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?

Yes

No

If yes, please provide details

Dietary

Do you have any dietary requirements? Including allergies, religious requirements or lifestyle choices.

Yes

No

If yes, please provide details below



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 of student			
Signature of parent/carer		Date	
Relationship to student		Name in block capitals	
Date			

Data Protection

Rotherham Opportunities 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.

I agree to Rotherham Opportunities College processing the personal data contained in this form for any purposes connected with the successful completion of my studies and my health and safety whilst at the college.

The information you provide on this form will/may be passed to the Agency’s Learning Records Service (LRS) to create and/or maintain a unique learner number (ULN) for the purpose of obtaining/checking prior attainment – privacy notice www.gov.uk/government/publications/lrs-privacy-notice.

How would you prefer to be contacted? Please tick

Telephone

E-mail

Post



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

Signature of student			
Name of parent/carer		Date	
Signature of parent/carer			
Relationship to student			



Equality and Diversity

Nationality:		
Have you lived in the UK or European community for the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please give date of entry into UK if relevant -- / -- / ----	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 White: British – English <input type="checkbox"/> Scottish or Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Any other White Background <input type="checkbox"/>	B Mixed race: White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed 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"/>
D Black or Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black Background <input type="checkbox"/>	E Chinese or other ethnic group: Chinese <input type="checkbox"/> Other ethnic group <input type="checkbox"/>	
What is your sexual orientation? <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known <input type="checkbox"/> Heterosexual or straight <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Asexual		Do you identify yourself as: <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender
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		

Is English is your first language? Yes/No If not will you need extra language support? Yes/No



At The ROC we want to make sure that we are meeting each individual's needs. Please let us know any other information about your cultural/personal background that will help us to support you.

Other information:

Student signature:

Name:

Date: