**ADMISSIONS ENQUIRY FORM**

**Please complete and return to:**

**Derwen College,**

**Oswestry, Tel: 01691 661234**

**Shropshire Fax: 01691 670714**

**SY11 3JA e-mail: admissions@derwen.ac.uk**

|  |  |
| --- | --- |
| **Proposed date of entry:**  |  |
| **Name of person filling in this form/making enquiry:**  |  |
| **Relationship to applicant:**  |  |
|  | **APPLICANT’S DETAILS**  |
| **Full name:**  |  |
| **Date of birth:**  |  | **Male / Female:**  |  |
| **Primary Disability:**  |  | **Secondary** **Disability/ies:**  |  |
| **Address:**  |  |
| **Contact number(s):**  |  |
| **Email Address:**  |  |
| **School Name:** Postcode |  | **Local Authority:**  |  |
| **Careers/Personal Advisor:**  | **Name:** **Email:**  |
| **Social Worker:**  | **Name:** **Email:**  |
| **Type (please circle):**  | **Day / Residential Full time / Part time (minimum of 3 days - day only)**  |
| **Provision (please circle):**  | **Main Campus / Walford / Craven Arms / Telford** |
| **Main Campus Only**  | **Horticulture****Retail and Enterprise****Hospitality & Food****Performing Arts****Learning for Life**  |
| **Where did you find out about us?:**  |  |
| **Have you visited us before? If so when and have you undertaken any assessments previously?:**  |  |

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**Please provide brief answers for the following questions where appropriate.**

**More detailed information will be gathered during the application process.**

Does the student need **communication** support?

Has a future **work** area or work interest been identified?

Does the student have **therapeutic** input (SALT, OT, Physio, Psychological)?

If the student has a visual or mobility impairment, does this restrict their ability to access the environment?

Does the student display **behaviours** of concern?

Does the behaviour impact on others and put others at risk?

Have restrictive practices (inc. restraint) been used – this includes confiscation of phone, games, money, restrictions on movement etc?

Has the student had any involvement with the police over an incident or concern?

Does the student have a mental health difficulty (including anxiety)?

Has the student been excluded or withdrawn from education placement?

What level of support is provided in the current education placement?

What level of support is in place for other times out of school such as social and leisure activities?

Has a **social care** assessment taken place?

Does the student need assistance to carry out personal hygiene tasks?

Does the student have a **medical** condition that requires intervention (e.g. epilepsy)?

Does the student have medication that needs to be administered for them?

Are there any dietary requirements and/or support when **eating**/drinking?

Does the student experience **allergic** reactions or have intolerances for food items /environment?

Will the student react appropriately to a new, busy environment?

How does the student react to a sudden noise (e.g. a Fire Alarm)?

Does the student need support regularly during the **night**?

(“Night” is defined as the times when a household is closed down)

Are you aware that Derwen College is an **open campus**?