An aerial view of a building

Description automatically generated with low confidence

www.twspecialistcollege.co.uk

|  |  |
| --- | --- |
| Student Name: |  |
| Unique Learner Number: |  |

1

Logo, company name

Description automatically generated**Section 1: Personal Details**Please use BLOCK capitals.

2021/2022

**Student   
Application Pack**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name(s): |  | Surname: | |  |
| Known as: |  | Gender: | |  |
| Date of Birth: |  | Mobile Telephone: | |  |
| Home Telephone: |  | Email: |  | |
| Address: |  | | | |
| National Insurance Number |  | | | |
| Are you a permanent UK resident? | **YES NO** | Valid permission to reside in the UK | | **YES NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | First Name: |  |
| Surname: |  | Relationship: |  |
| Home Telephone: |  | Mobile Telephone: |  |
| Address: |  | | |

**Section 2: Details of Parents/Guardians/Next of Kin**Please use BLOCK capitals.

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | First Name: |  |
| Surname: |  | Relationship: |  |
| Home Telephone: |  | Mobile Telephone: |  |
| Address: |  | | |

**Section 3: Programme of Study**Please list the courses in which you are interested studying at The Westminster Specialist College.

|  |  |
| --- | --- |
| Course 1: |  |
| Course 2: |  |
| Course 3: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the student wish to get a paid job in the future? | **Yes** | **No** | | **Maybe** |
| If so, which industry or job are they interested in at the moment? |  | | | |
| Do they have experience of work or have they previous completed work-placement or voluntary work? | **Yes** | | **No** | |

**Section 4: Disability Details**

|  |
| --- |
| What is your main disability, impairement or learning difficulty? |
|  |

|  |
| --- |
| Do you have a non-correctable visual impairment? \* YES / NO (please provide details). |
|  |

|  |
| --- |
| Do you have any additional disabilities? (please provide details) |
|  |

|  |  |
| --- | --- |
| Do you have an Education and Health Care Plan (EHCP) | **YES NO** |
| Which Local Education Authority is responsible for the EHCP? (Sandwell, Dudley, Walsall, Birmingham) |  |

**Section 5: Learner Support Details**The Information you provide will help The Wesminster Speciliast College understand and support your needs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How do you access information: | | | | |
| Print | Braille | Audio | Large Print | Other |

|  |  |
| --- | --- |
| Do you use specialist hardware or equipment (e.g. VOCA, computer/alternative keyboard, joystick) | **YES NO**  **If answered yes, please list below:** |
| Do you use specialist software (e.g. VOCA, computer/alternative keyboard, joystick) | **YES NO  If answered yes, please list below:** |
| Other (BSL,Makaton,PECS) | **YES NO  If answered yes, please list below:** |

What help or support needs do you have due to your disability / disabilities?  
*Please circle the relevant answer*

|  |  |  |
| --- | --- | --- |
| Mobility (e.g. Walking Frame) | Yes | No |
| Wheelchair User | Yes | No |
| Therapy (e.g. Speech Therapy) | Yes | No |
| Medical | Yes | No |
| Classroom/personal care/help with toileting | Yes | No |
| Mental Health/Wellbeing | Yes | No |
| Do you require a speech and language assessment | Yes | No |

**Section 6: Education and Qualifications**Most recent first - Please complete even if you are sending proof of qualification separately.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Education  Establishment | Dates from and to | Qualifications Gained and/or currently being studied | Level/Grade | Date Achieved/ Expected |
|  |  |  |  |  |
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**Section 7: Hobbies and Interests**

What do you like to do in your spare time?

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| --- |
|  |

Are there any activities you don’t like to do?

|  |
| --- |
|  |

Anything else you would like to add to your application?

|  |
| --- |
|  |

**Section 8: Further information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have any dietary requirements? | | | **YES NO** | | |
| If yes, please list in the box provided: | |  | | | |
| Did/Do you receive Free School Meals? | | | | **YES NO** | |
| Do you/your immediate family (living in the same household) receive:  *(please circle the options below)* | | | | | |
| PIP | You | | | | Family |
| Income Support | You | | | | Family |
| ESA | You | | | | Family |
| DLA | You | | | | Family |
| Working Tax Credits | You | | | | Family |
| Other (please state in the box below) | You | | | | Family |
|  | | | | | |
| Does the student manage their own money or any benefit income? | Yes | | | | No |

Proof of benefits and income will be required in the Autumn Term if Bursary awards are to be allocated.

|  |  |  |
| --- | --- | --- |
| Does the student have the following? | | |
| Bank/Building Soceity Account | Yes | No |
| Debit or Payment Card | Yes | No |
| Passport | Yes | No |
| Driving License | Yes | No |
| National Insurance Card | Yes | No |

**Other people we may contact.**

|  |  |
| --- | --- |
| **Careers Advisor** | |
| Name: | First Name: |
| Telephone (Day): | Relationship: |
| Email: | Mobile Telephone: |
| Address: |  |

|  |  |
| --- | --- |
| **GP/Consultant** | |
| Name: | First Name: |
| Telephone (Day): | Relationship: |
| Email: | Mobile Telephone: |
| Address: |  |

|  |  |
| --- | --- |
| **School** | |
| Name of School: | First Name: |
| Name of Contact: |  |
| Telephone (Day): | Relationship: |
| Email: | Mobile Telephone: |
| Address: |  |

|  |  |
| --- | --- |
| **College** | |
| Name of College: | First Name: |
| Name of Contact: |  |
| Telephone (Day): | Relationship: |
| Email: | Mobile Telephone: |
| Address: |  |

|  |  |
| --- | --- |
| **Other** (e.g. educational/clinical psychologist, speech therapist, social worker) | |
| Name: | First Name: |
| Telephone (Day): | Relationship: |
| Email: | Mobile Telephone: |
| Address: |  |

**Section 9: Consent**

I hereby give my consent for The Westminster Specialist College to obtain reports from the above contacts. 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 Applicant (If able to sign) |  | Date: |  |
| Signature of Parent/Carer |  | Date |  |

The data you supply will be passed to the Learning Records Service for the purpose of allocating you a Unique Learner Number (ULN) and creation of your Personal Learning Record. The ULN is used to enable collection and sharing of data within the education sector. The personal learning record will be a lifelong record of your learning and qualifications, which will be accessible to you, organisations linked to your education and training and any other organisations you choose. For further details on how your data is shared and used by the Learning Records Service and how to change who has access to your record, please see the following website at [www.learningrecordsservice.org.uk](http://www.learningrecordsservice.org.uk).

**Disclosure of Criminal Convictions (To be completed by all applicants)**Because you are applying for an educational placement where you will study with vulnerable young people and adults who are visually impaired or have other disabilities, it is our policy to ask you to disclose any convictions you may have. In the event of placement, failure to disclose past convictions may result in expulsion.

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of any criminal offence(s)? | | **YES NO** |
| If yes, please give details. |  | |

**Data Protection**The Westminster Specialist College is registered under the Data Protection Act 1998. All the information that you supply on this form will be processed in accordance with the regulations of the Act.The Westminster Specialist College is required to pass the information that you provide on this form to the Local Education 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 The Westminster Specialist College to process the data on the application and medical forms.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant (If able to sign) |  | Date: |  |
| Signature of Parent/Carer |  | Date |  |

Please return to: TWSC Admissions, The Westminster Specialist College, Hawes Lane, Rowley Regis, West Midlands, B65 9AL